

**VALLEY CHRISTIAN JUNIOR HIGH SCHOOL  
APPLICATION CHECKLIST**

These forms are to be returned to Valley Christian Junior High School.

\_\_\_\_\_ **Completed Application Form**

\_\_\_\_\_ **\$75 Application Fee (Non-Refundable)**

*The application remains incomplete until the Application Fee is received. Make checks payable to VCJH.*

\_\_\_\_\_ **Copy of Student's Immunization Record**

*A student's application remains incomplete until the most recent Immunization Record has been submitted.*

\_\_\_\_\_ **Copy of Student's most recent Achievement Test Scores**

*Common achievement testing includes STAR, SAT 10, Iowa, etc. Submit test even if it is more than one year old.*

\_\_\_\_\_ **For students applying to grades 6-8, copy of student's Report Cards**

*VCJH requires copies of the student's Report Cards for the current school year and the previous year.*

\_\_\_\_\_ **Admission Testing completed by one of the following dates: January 23, February 6, or February 20, 2010.**

*The application is not complete without this testing. Students are required to complete the math and reading comprehension portions of the Stanford Achievement Test along with an essay and student questionnaire.*

*For students completing the application process after the February 10, 2010 priority date, testing is made available on Saturday, March 20 or April 24 or on a case-by-case basis as additional class openings become available throughout the spring and summer.*

Please distribute the following items to the appropriate person(s).

\_\_\_\_\_ **Current School Academic Recommendation Forms (One for English and one for Math)**

*It is encouraged that recommendations be given to these teachers at least 2-3 weeks prior to the application deadline. The application remains incomplete until the Academic Recommendation Form is received.*

\_\_\_\_\_ **Character Reference Form**

*This form is to be completed by someone who has observed you in a personal setting for a reasonable period of time. This should be someone who is fairly well acquainted with you; a **pastor is preferred**. Please do not use a relative as a reference.*

**Appointment Reminders:**

Admissions Testing      Date: \_\_\_\_\_      Time: \_\_\_\_\_  
(The Admissions Office will contact you to schedule a testing date.)

Shadowing (optional)      Date: \_\_\_\_\_      Time: \_\_\_\_\_  
(Contact the Admissions Office to schedule your appointment at [925] 560-6256)

Interview      Date: \_\_\_\_\_      Time: \_\_\_\_\_  
(The Admissions Office will contact you to schedule an interview date and time.)