



Vidalia Heritage Academy
101 East First Street, PO Box 2005
Vidalia, GA 30475
(912)-537-6679 (Elem)
(912)-535-2787 (Upper)

Student Checklist

Welcome to the VHA family! Please complete the following and provide a copy of the required paperwork to the school office. These are necessary for the completion of your child's file.

_____ **Form packet**

Paperwork given during registration

_____ **School Entrance Physical Examination and Immunization Certificate**

The State of Georgia requires all students to have a current record of immunization for all students entering school. If your child is transferring from another Georgia school, a copy of their immunization record is acceptable.

_____ **Eye, Ear & Dental Form (form 3200)** from your physician or health department

_____ **Birth Certificate** A copy of your child's birth certificate is acceptable

_____ **Copy of Social Security Card**

_____ **Emergency Medical Form** (enclosed)

_____ **504 or IEP**

_____ **Permission to Release Transcripts from previous school** (enclosed)

Includes standardized test scores, any other testing, and copies of report cards

Please return by: _____

STUDENTS WILL NOT BE ALLOWED TO BEGIN SCHOOL UNTIL ALL PAPERWORK HAS BEEN RECEIVED, REGARDLESS IF FEES HAVE BEEN PAID IN FULL



Vidalia Heritage Academy

P.O. Box 2005 Vidalia, Georgia 30475
(912) 537-6679 (Elem) (912) 535-2787 (Upper)
(912) 537-8776 (PreK)

New Family	<input type="checkbox"/>
Current Family	<input type="checkbox"/>
Returning Student	<input type="checkbox"/>
QB	_____
GL	_____

STUDENT APPLICATION

Student's Full Name: _____ **Date of Birth:** _____

Ethnicity: ___ White, not Hispanic ___ American Indian or Alaska Native ___ African American or Black, Not Hispanic ___ Asian
___ Pacific Islander ___ Hispanic or Latino ___ Multiethnic ___ Other

Gender: _____ Male _____ Female

Social Security Number _____ Grade Applying for: _____ Academic Year: _____

Physical Address _____
Street City State Zip Home Phone

County student resides in _____ Do you live within the city limits? _____

If your child was enrolled in a public school, which public school would they attend based on your current address?

Student lives with: ☐ Father ☐ Mother ☐ Step-father ☐ Step-mother ☐ Guardian _____

Father's Name _____
Last First Employer Work Phone Cell Phone

Father's E-mail address _____ Receives [] School Info [] Financial Statements [] None

Mother's Name _____
Last First Employer Work Phone Cell Phone

Mother's E-mail address _____ Receives [] School Info [] Financial Statements [] None

Other Guardian: _____
Last First Employer Work Phone Cell Phone

Guardian E-mail address _____ Receives [] School Info [] Financial Statements [] None

Please list all siblings and age: _____

Please explain any special circumstances: _____

School Last Attended: _____ Has this applicant repeated grades? (list grade repeated) _____

Has student ever been tested or recommended for testing for learning disabilities and/or behavioral disorders? (If yes, please explain and check the appropriate box):

☐ 504 or ☐ IEP

List any medication taken regularly:_____

Has student had disciplinary difficulty such as being sent to the principal's office, probation, suspension, expulsion, or have a police record? (If yes, please explain):_____

Tuition & Fees: Person(s) responsible for payments:

☐ Parent(s) listed above

☐ Other: Name: _____Email: _____

Payment Plan: ☐ 12 Month Plan (June-May) ☐ Annual/In Full (by June 5th) ☐ Current Plan

*Monthly tuition is late after the 5th of each month. **Automatic bank draft** is available at no charge. To use this option, fill out enclosed Tuition Withdrawal Authorization and return to the office*

The information given above is accurate and given to the best of my knowledge.

Parent/Guardian's Signature Date

Name Printed: _____

EMERGENCY MEDICAL FORM

Vidalia Heritage Academy
101 East First St. /P.O. Box 2005
Vidalia, GA 30475
912-537-6679

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip.

I give my permission for _____, grade(s) _____, Date of Birth _____, Social Security Number _____, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless **Vidalia Heritage Academy**, its affiliated organizations, employees, agents, and representative, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father/Guardian's Signature-----Date

Mother/Guardian's Signature-----Date

Name Printed: _____

Name Printed: _____

If the child lives with both parents, the release must be signed by both parents/guardians.

Physical Address _____

Please fill out medical information on back

Medical Information

Father's Name _____
Last First Middle Employer Work Phone Cell Phone

Mother's Name _____
Last First Middle Employer Work Phone Cell Phone

Listed below are three people who will be responsible in case of an emergency when I cannot be reached.

(1) Name _____ Relationship _____

Phone number (s) _____

(2) Name _____ Relationship _____

Phone number (s) _____

(3) Name _____ Relationship _____

Phone number(s) _____

List any medication taken

regularly: _____

List any:

Hospitalization: _____

Operations: _____

Other serious illness: _____

List any allergies (Food/Environmental) or physical problems that we need to be aware of:

In case of allergic reaction, requirements for treatment

Name of Physician & phone # to contact in case of allergic reaction/emergency

Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for Vidalia Heritage Academy to photograph my child for school purposes and/or at school events.

____ No, I do not authorize Vidalia Heritage Academy to photograph for my child for any event.

Parent Signature: _____ Date: _____

Student's Name: _____

**VIDALIA HERITAGE ACADEMY
ENROLLMENT CONTRACT/COVENANT
ACADEMIC YEAR 2026-27**

do hereby agree to the following:

(Parent(s) names) _____

1. We understand that the **Registration Fee is non-refundable.** (The only exception is that upon review of a student's records, entrance tests, and Board recommendation the student does not meet the academic standards set forth for admission to VHA and is not admitted to the school for this academic year.)
2. We understand that if our student(s) withdraws or is dismissed between June 1, 2024 and November 30, 2024 that we will owe 50% of the annual tuition and fees. We understand that if our student(s) withdraws or is dismissed between December 1, 2025 and the last day of school in 2025 that we will owe 100% of the annual tuition and fees.
3. We agree to pay all tuition and fees on a timely basis as established by school policy and understand that our student(s) will not be allowed to attend school if their account is more than 30 days past due. If we become delinquent in fees and/or tuition, the school will follow its policy in dealing with delinquent accounts. No transcripts or school records will be released until all money due the school is paid.
4. We understand that **all new students** are accepted on academic behavioral probations.
5. We understand that we are to faithfully support our local church in attendance.
6. We pledge to uphold the school **consistently in prayer** and to support and participate in the Parent/Teacher Fellowship (PTF) along with any duly appointed committees and school functions and to serve the school with our time and talents.
7. In keeping with scriptural principles, we will bring any and all questions and areas of concern through the proper channels of authority directly to the persons involved so that they may be properly considered, whether Matthew 5:23-24 or Matthew 18:15-18 apply.
8. We will help meet the financial needs of Vidalia Heritage Academy by participating in approved school fundraisers, gifts and/or donations.
9. We understand the administration has full responsibility for placing our child in the proper grade based upon information gathered.
10. We understand the school reserves the right to dismiss any student who does not cooperate with the school policies, philosophy, and/or education process.
11. As the parents, we agree to abide by all policies and procedures of Vidalia Heritage Academy.
12. We understand VHA is not equipped, nor teachers trained, to facilitate children with learning disabilities or with ADD/ADHD but do accept these students on a case by case basis. If these students are accepted in our school, parents will pay to provide extra services other than what the classroom teachers would do in the confine of the classroom. Those rates are posted in the school office.
13. We understand this document shall be interpreted in accordance with the laws of the State of Georgia.

We have read this Enrollment Contract/Covenant carefully, prayed about it, and hereby agree to its terms. By signing this contract we are obligating ourselves to be responsible for registration, book fees and tuition for the upcoming year.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Student(s) Name(s) _____

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FAMILY APPLICATION

Father's Name _____
Last First Middle Employer Work Phone Cell Phone

Father's E-mail address _____ Mother's E-mail address _____

Mother's Name _____
Last First Middle Employer Work Phone Cell Phone

Guardian's Name _____
Last First Middle Employer Work Phone Cell Phone

Mailing Address _____
Street City State Zip Home Phone

County you reside in _____ Do you live within the city limits? _____

Denominational Affiliation:

Father: Church now attending _____ ☐ Regularly ☐ Occasionally ☐ Seldom

Mother: Church now attending _____ ☐ Regularly ☐ Occasionally ☐ Seldom

How did you learn about Vidalia Heritage Academy? _____

Have you previously applied to Vidalia Heritage Academy? ☐ No ☐ Yes _____ year

List two Christian references: (Include name address, phone)

Father's individual Christian experience and statement of faith: _____

Mother's individual Christian experience and statement of faith: _____

Please explain why you want your child(ren) to attend Vidalia Heritage Academy: _____

Signed : (Father) _____ Date: _____

(Mother) _____ Date: _____

(Guardian) _____ Date: _____

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912-537-6679

**TUITION WITHDRAWAL
ACH DEBIT AUTHORIZATION**

Today's Date: _____

Parent (VHA Account) Name: _____

Payor Name (if other than above): _____

I authorize Vidalia Heritage Academy to debit my account on the 5th of each month
for account payment from the following account:

Bank Name: _____

Bank's ACH Routing #: _____

ACH Account #: _____

I AUTHORIZE VHA TO WITHDRAW :

____ THE **BALANCE** OF MY ACCOUNT EACH MONTH

____ TUITION AND ACTIVITY FEES ONLY TOTALING \$ _____/mo

Payor (Accountholder) Signature: _____

PLEASE ATTACH A VOIDED CHECK (NOT A DEPOSIT SLIP)



Student Name _____ Grade _____ Homeroom Teacher _____

AUTHORIZATION FOR PICK UP

Below is a form to fill out listing the people to whom VHA can release your child. This list will be available for early checkout, afternoon release and after school release.

We will automatically release a child to the parents. If there is a custodial situation with your child, please notify us. We must have legal documentation in the student's files to stop a parent from picking up a child. If such a situation arises, we will immediately notify you.

Please assist us in keeping your child safe.

The following people are allowed to pick up my child from VHA. Please include the relationship to the child (grandmother, grandfather, aunt, uncle, cousin, brother, sister, friend, etc.)

_____(Father)

_____(Mother)

Name	Relationship to student (Grandmother, Uncle, Friend, etc.)	Name	Relationship to student (Grandmother, Uncle, Friend, etc.)

After School Care Information Sheet

After school care is NOT needed _____

After school care is needed: (Please circle)

DAILY Monday Tuesday Wednesday Thursday Friday

The after school program is available for the convenience of our parents. The charge is \$8.00 per day and is assessed monthly and paid separately from tuition. If not paid current within 30 days, your child will not be allowed to attend. You will be called to come and retrieve your child from after school care.

I understand that it is my responsibility to have my child picked up from VHA's after school program **BEFORE** 5:30 p.m. I understand that I will incur a late charge of \$25 for every 15 minutes after 5:30 p.m.

Parent's Signature _____ Date _____



Vidalia Heritage Academy
P.O. Box 2005
Vidalia, GA 30475
(912) 537-6679 (Elem)
(912) 535-2787 (Upper School)
rmobley@vidaliaheritage.com

Request for Student Records

Date: _____

Name of Previous School: _____

Phone #: _____

Fax #: _____

Student's Information

Student Name: _____

Birth Date: _____

Grade Level: _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- | | |
|---|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data/standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> ESOL records | <input type="checkbox"/> Health/medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Gifted Records |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> RTI Records | <input type="checkbox"/> Speech Records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Personnel:

Signature

Title

Date

The Family Education Rights and Privacy Act (20 U.S.C. 8 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

Vidalia Heritage Academy

Tax Credit Scholarship Application

Student's Name: _____

Student's D.O.B.: _____ (mm/dd/yyyy) Grade: _____ ☐ New Student ☐ Returning Student

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

Verify Email: _____

Parent/Guardian's Cell Phone: _____

Parent/Guardian's AGI as reported on most recently filed Federal Tax Return: \$ _____

☐ In lieu of a specific AGI, we'll be placed in the high income category for the lowest scholarship award amount

Annual income from other sources not included in Parent/Guardian's Federal AGI: \$ _____

Total size of family living in the home: _____

Scholarship Eligibility Requirements - Check All That Apply

Student:

- ☐ Is a Georgia resident and is less than 20 years of age
- ☐ Is eligible to be enrolled in Pre-K, Kindergarten, or First Grade
- ☐ Has previously received a Georgia Tax Credit Scholarship and continuously remained in private education
- ☐ Attended a Georgia public school for at least six (6) weeks prior to applying for a scholarship and enrolling in a Georgia private school
- ☐ Participated in a home school program meeting State requirements for at least one (1) year prior to applying for a scholarship and enrolling in a Georgia private school
- ☐ Is zoned for a Georgia public school that the Office of Student Achievement deems as low-performing
- ☐ Has official documentation of being the subject of school based physical violence
- ☐ Has official documentation of being the subject of student related verbal abuse threatening physical harm

I attest that the information provided is true and accurate for my child to be considered for a GA Tax Credit Scholarship. I acknowledge that Vidalia Heritage Academy is required to consider the financial need of applicants based on all sources of income and misrepresenting my income for the purpose of receiving and/or increasing a scholarship award is considered fraud. Further, I agree to provide all required documentation for consideration of a scholarship.

Parent/Guardian: _____

Date: _____



2026-2027
Vidalia Heritage Academy Fee Schedule

New Student Enrollment Fee for K3 12th Grade:	\$350
Re-Enrollment Fee for Returning K3-12th Grade:	\$225
K2 Program Enrollment Fee:	\$85

For newly enrolling students: Due in full at time of registration.

For returning students: Will be split into monthly payments or can be paid in full.

Tuition + Fees

	Annual	10-Month Plan	12-Month Plan
Tuition – K2	\$2,050	\$205	\$171
Tuition – K3 Half Day (includes \$100 activity fee)	\$4,260	\$426	\$355
Tuition – K3 Full Day + K4 (includes \$100 activity fee)	\$5,800	\$580	\$485
Tuition – Kindergarten - 12th (includes \$240 activity fee)	\$6,490	\$649	\$540

Please note: Any available discounts are taken off tuition only (not fees).

Other costs associated with school that you should be aware of:

REQUIRED

Uniforms (K-12th) and Chapel Shirts (preschool)
School supplies
Fundraising*

OPTIONAL

Hot lunch (Boonli) School pictures
After-school care Dress up days / Book Fair / etc.
Sports/club fees

*Mandatory school-wide fundraisers will be limited to two per school year and will be invoiced. Participation in other fundraisers is optional. Does not apply to K2.

Student name(s): _____

Parent/Guardian Signature: _____ Date: _____

Welcome to the Vidalia Heritage Academy School

Uniform Ordering Information!

Here, you'll find all the details you need to easily order your school uniforms. We've made the process simple and convenient for you. If you have any concerns see contact information below!

- Go to meridys.com
- Click on the **STUDENT** tab
- Scroll down to the **PROCEED TO STUDENT LOGIN**
- Enter code: **EAGLES**
- Click **Shop My Vidalia Heritage Academy**
- Add to cart your items to purchase
- Once done shopping... **Checkout...** then **create account**
- For shipping choose **Pick up in Vidalia Store**
- Finish following payment instructions

Your items purchased at the beginning of the school year will be dropped off before open house. Anything purchased during the school year can be picked up at Meridy's Uniforms.



Contact Information

Email: kblount@meridys.com Address: 208 Madison Street
Phone: (912) 246-4147
Call or Text

Vidalia, GA 30474



Ordering lunches has never been easier!

Vidalia Heritage Academy has partnered with Boonli to provide a secure, fast, and easy-to-use online ordering system that allows parents to view our lunch menu, order, prepay and manage student lunches on the web.

GET STARTED

1. **GO TO: [HTTPS://VHALUNCHES.BOONLI.COM](https://vhalunches.boonli.com)** - (please bookmark this page)
2. **Click on Register if you have never ordered before:** Password is: **VHA1**, add account, profile(s) information
3. **Sign In** - Welcome page displays with Program Info (Order Schedule, Rules etc.)
4. Click Order at Top of Nav Bar & go to current month.
5. Click the Order link on the calendar to begin.
6. Check out & pay – Please be sure to complete the check-out process. You must enter the 3 digit security code from the back of your card. Do not close your browser prior to receiving the confirmation display or your order may be interrupted and not fully processed. **Items left in your shopping cart will not be processed** and your order will not be placed. You may have items that have been placed in your shopping cart that are forgotten lunches and the school fed your student. Payment is required to clear the shopping cart.

QUESTIONS

FOOD or POLICY (Missed/Late Orders, Credits, and Changes/Cancellations): email rmobley@vidaliaheritage.com or call 912-537-6679 and they'll get back to you during school office hours, Mon. – Fri., 7:45a.m.- 4:00p.m..

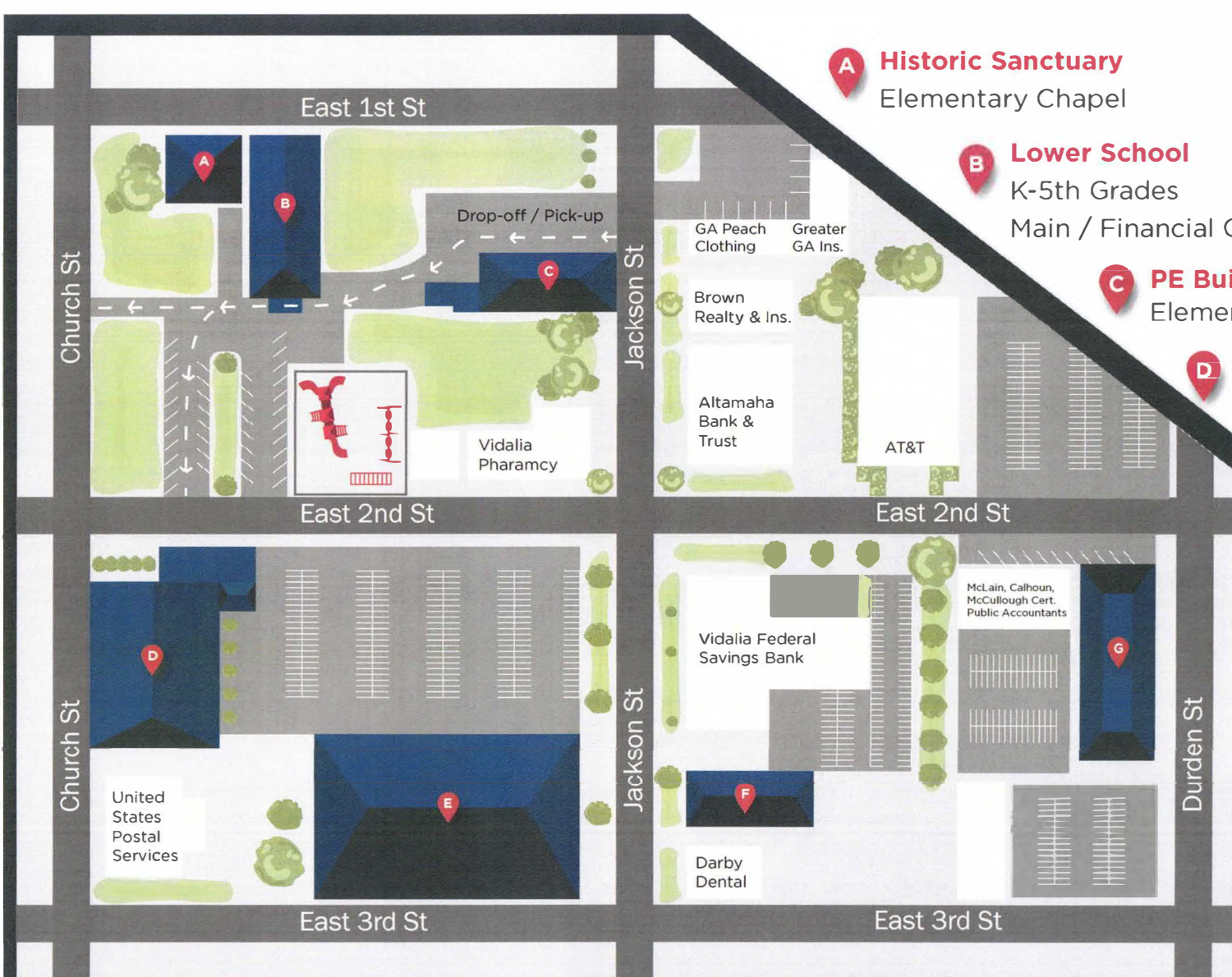
TECHNICAL SUPPORT (help navigating the site): email support@boonli.com or call 800-381-6511. They are West Coast hours of operation, call from 11:00 a.m. until 9:00 p.m. Eastern time.

PAYMENT INFORMATION The program accepts payment by Debit Card or Credit Card: Visa, MasterCard & Discover **ONLY**. **VHA cannot bill your account.**

Be sure to proceed to checkout and process your payment. Orders that are left in the shopping cart will NOT be processed and your student(s) **will not be included in the lunch service.**

Thank you for participating in our school lunch program!

YOUR VHA CAMPUS GUIDE



A Historic Sanctuary
Elementary Chapel

B Lower School
K-5th Grades
Main / Financial Offices

C PE Building
Elementary School

D FBC Worship Center & Front Porch
Various Events & Performances

E Preschool & Kids Bay
Preschool Chapel
Archery / Cheer

F FBC Student Center
Upper School Chapels

G Upper School
6th - 12th Grades



Eagle Nation - Sports Complex

- H** Weight Room & Hitting Facility
- I** Baseball Field
- J** Football Field & Locker Rooms



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