



Veritas Classical School
of Sylacauga
A Classical Christian Education

Application for Admission

(Please type or print)

Applying for Full Time _____ Part Time: Humanities _____ Math _____ Science _____

I. Student Information:

Name: _____ Grade to Enter: _____

Student's Preferred Name: _____ Male _____ Female _____

Address: _____ Home Phone: _____

City: _____ County _____ ST _____ Zip _____

Age: _____ Date of Birth _____ Place of Birth _____

Grade Currently enrolled or Last Completed _____

School Currently enrolled or Last Attended _____

Has Student Been Retained in a Grade? _____ Which Grade? _____

Siblings:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Parent Information: Parent _____ Guardian _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employed By _____ Employed By _____

Phone _____ Phone _____

email _____ email _____

Lives with: Both Parents _____ Dad _____ Mom _____ Grandparents _____ Guardian _____

A. If divorced, are there restrictions on custody, visitation, etc of which we should be aware? Yes_____ No_____ If so, specify.

B. Do you have regular family prayer and Bible reading in your home?
Yes____No____ Is it a high priority? Yes____ No____

C. On what Biblical principals do you base your home life?

III. Church Information:

Church you attend_____ Member? Yes___No___

Pastor_____ Phone_____

Please give the attached Pastoral Reference Letter to your pastor for his response.

IV. Education:

A. Please list all schools attended by the student, including Preschool and Kindergarten.

Name of School	City	State	Grade Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Has your child...

1. Expressed a desire to attend our school? Yes_____ No_____ (If no, explain)

2. Ever been diagnosed with a learning disability or physical problem that affects affects his/her academic achievement? Yes_____ No_____ (If yes, explain)

3. Ever been suspended, expelled, or had disciplinary problems in school or in after school/summer programs? Yes_____ No_____ (If yes, explain)

C. Why do you desire a Christian school education for your child?

V. Health Information:

Has your child...

1. Ever had any physical, emotional, or attention problems which require special medication or limited participation in certain activities? Yes_____ No_____(If yes, explain).

List any medications your child is currently taking.

2. Ever had an allergic reaction to anything? Yes_____ No_____(If yes, list allergens and reactions to each).

VII. Parent Commitment:

It is important that parents understand and support the philosophy of Veritas Classical School of Sylacauga BEFORE APPLICATION IS ACCEPTED. To ensure this understanding and acceptance, we ask that each family complete our interview process. You will be contacted to set up an interview with our Administrative team.

Father's Signature_____ Date_____

Mother's Signature_____ Date_____

Legal Guardian's Signature_____ Date_____

ADMISSIONS PROCESS AT VERITAS CLASSICAL SCHOOL OF SYLACAUGA

1. K5 kindergarten students must be 5 years old before September 1st.
2. Submit completed application forms with \$25 Application Fee for each child.
3. Schedule an admissions meeting with Administration.
4. Notice is given of acceptance.
5. Registration Fee is due upon acceptance.
6. Records of previous schooling and testing received and confirmed in the school office.
7. Medical forms, immunization records, and copies of student's Birth Certificate and Social Security Card must be on file in the school office before the first day of school.



Pastoral Reference Form

I. This top section is to be filled out by the family. After completing Part I, please give this form to your pastor to complete.

Family Name _____

Family Address _____

Church Home _____

II. To be filled out by the pastor.

*Church Membership of parents: ___Both ___Father ___Mother ___Neither

*Describe the family's church attendance:

___Regular (3-4 X per month) ___Occasional (1-2 X per month)

___Seldom

*Is the family active in your church beyond Sunday attendance?

___Yes ___No

*Are the children active in the youth or children's programs of the church?

___Yes ___No

III. We welcome any additional comments you might have concerning the spiritual life of this family that would enable us to more effectively minister to them.

Pastor's Name Printed

Signature

Date