



Veritas Classical Schools

2011-2012 Application for Admission

(Please complete one application for each student)

Office Use Only			
Date Rec.	_____		
Registration Fee	_____		
Check Number	_____		
CL	DB	AL	E

Student's Name _____

Student's Birth Date _____ Male _____ Female _____

High School Student's Social Security Number _____

2011-2012 Grade Level _____ New Student to Veritas _____ Returning Student _____

Applying for: Humanities _____ Math _____ Science _____

Check your choice of campus:

<input type="checkbox"/> Peachtree City	<input type="checkbox"/> Columbus
<input type="checkbox"/> McDonough Campus	<input type="checkbox"/> Joint Enrollment

Present or last school attended or note if home schooled _____

Parents' Names _____

Address _____ City _____ Zip _____

Home Email: _____ County _____

Phone Numbers:

Home:	Work:	Other:
Mom's Cell:	Dad's Cell:	Student's Cell:

Parent's Education (For accreditation purposes, we need to know if you are a college graduate.)

Father	Do you have a bachelor's degree?	Yes	No
Mother	Do you have a bachelor's degree?	Yes	No

In case of emergency, contact: (other than parent) _____
Name Phone

To the best of your knowledge, is the student a follower of Jesus Christ? _____ Family Church Name: _____

Student's History: Please give a brief evaluation of the student's academic background and achievement on the back of the application.

Parent testimony: Please provide a parent testimony.

Non-refundable registration fee (\$150 by June 1, \$200 after June 1) is enclosed with this application. Please make checks payable to "Veritas Classical Schools."

Parent signature _____ Date _____

Submit application and fee to:

Sherry Camp, Director
303 Raintree Bend
Peachtree City, GA 30269
770-487-8027