

VERITAS CHRISTIAN ACADEMY

700 Oak Grove Rd., Chesapeake, VA 23320

Please attach the following: a recent photo, copy of the birth certificate, physical and immunization record, & the application fee.	FOR OFFICE USE ONLY Family Number: _____ Accepted _____
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I General Information

Date: _____

Student's Name: _____ Grade Entering _____
Last First Middle

Home Address: _____
Street City Zip Code

Home Telephone Number: _____ Gender (M/F): _____

Cell Phone Numbers, Mother: _____ Father: _____

E-mail Address: _____

Date of Birth: _____ Place of Birth: _____
Month Day Year City State

Parent SSN # _____ aaaaa aaaaaa "Parent SSN# _____ aaaaa
Required for Admission Required for Admission

Name of Father: _____ Occupation: _____

Place of Employment _____ Phone # _____

Address _____

Name of Mother: _____ Occupation _____

Place of Employment _____ Phone # _____

Address _____

If parents are divorced, with whom does the child live? _____

Student's Physician: _____ Telephone Number: _____

II Academic Information

Former School Attended: _____
Name of School Address

Any academic problems? _____ If yes, explain _____

Any discipline problems? _____ If yes, explain _____

Has your child been expelled or requested to withdraw from a former school? _____ If yes, explain

_____ Use the back of the sheet if necessary

III Christian Background

Church Affiliation: _____ Do you attend regularly? _____

Pastor's Name: _____ Are you a current member? _____

If your child has accepted Christ, at what age did he/she accept Him? _____

Why do you wish to enroll your child at Veritas Christian Academy? _____

IV Emergency Information (Adult to contact if parents can't be reached)

Name: _____ Telephone Number: _____

Cell Phone Number: _____ Work Number if applicable: _____

Relationship to the student: _____

V References

Name: _____ Telephone Number: _____

Address: _____

Relationship to student: _____

Name: _____ Telephone Number: _____

Address: _____

Relationship to student: _____