



# VERITAS COLLEGIATE ACADEMY

8800 ARLINGTON BOULEVARD  
FAIRFAX, VIRGINIA 22031  
866-LOGIC-33

## APPLICATION

*ALL INFORMATION IS REQUIRED AND ALL SPACES MUST BE FILLED IN*

Please attach the following: A copy of the student's birth certificate, a completed transcript request form, the completed Christian Character & Personal Reference form, and the \$95.00 non-refundable application fee.

### I General Information

Date: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

Last, Suffix

First

Middle

Preferred Name: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Month Day Year

City

State

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Applicant lives with:  Both Parents  Mother  Father  Mother/Stepfather  Father/Stepmother  Guardian

As applicable: **Mother**/Guardian Information

**Mother's Name:** \_\_\_\_\_

Last, Suffix/Title

First

Middle

Preferred

SSN# (Required): \_\_\_\_\_ Cellphone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

As applicable: **Father**/Guardian Information

**Father's Name:** \_\_\_\_\_

Last, Suffix/Title

First

Middle

Preferred

SSN# (Required): \_\_\_\_\_ Cellphone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**II Academic Information**

List all schools attended since kindergarten (Enclose additional pages as needed):

<i>Name of School</i>	<i>Address</i>	<i>Phone Number</i>
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 an additional sheet if necessary*

**III Christian Background**

Church Affiliation: \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Are you a current member? \_\_\_\_\_

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: \_\_\_\_\_ E-mail: \_\_\_\_\_

\* Student's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**V References**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> Family Number: _____ Accepted: _____
--