

## 2012-2013 Application for Admission New Student



Student's Full Name:		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Student's Birthdate:	2012-2013 Grade Level:	<input type="checkbox"/> New Student
		<input type="checkbox"/> Returning Student
Social Security #: (required for ALL high school students)	Student's email address:	Student's cell phone:
<b>Check your choice of campus:</b>		
Albany _____ Thomasville _____		

**Applying for (check appropriate box):**

<input type="checkbox"/> Humanities only	<input type="checkbox"/> Humanities <b>with</b> Math and/or Science	<input type="checkbox"/> Math and/or Science <b>only</b>
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**Math** (circle selection): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> Pre-Algebra Alg. I Geometry Alg. II Alg. III Pre-Calculus

**Science** (circle selection): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Physical Science Biology Chemistry Physics Anatomy/Physiology

**High School Electives** (circle selection) Latin I Latin II Spanish I

Present or last school attended: \_\_\_\_\_

Parents' Names: Father \_\_\_\_\_ Mother \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_ City : \_\_\_\_\_ Zip: \_\_\_\_\_

Home Email: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone:	Work Phone:
Mom's Cell:	Dad's Cell:

Briefly describe your student's study area at home (i.e., desk, kitchen table, etc.):

Does your student have access to appropriate research materials? Yes No

Does your home have a mentoring family member who has completed academic credit beyond high school? Yes No

In case of emergency, contact name (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Family Church Name: \_\_\_\_\_

**Please initial:**

\_\_\_\_\_ I have you read the handbook and instructed my child in the proper behavior and expectations as a student of Veritas Classical Schools.

\_\_\_\_\_ I understand that my role as a parent is to lead our homeschool and support the endeavors of the tutors and staff of Veritas Classical Schools by ensuring my student comes to class prepared to participate in class with regards to completed assignments and necessary curriculum/supplies to participate.

**Office Use Only:**

Date Received:	Registration Fee:	Check Number:
CL DB AL E	FS SL	

**Submit application and fee to:  
Veritas Classical Schools ~ P.O. Box 70602 Albany, GA 31708**

# 2012-2013 Application for Admission New Student



**\*Student's History:** Please give a brief evaluation of the student's academic background and achievement. This must accompany the application if you are a NEW family.

**\*Parents' Testimony:** If you are a NEW family, please provide parents' Christian testimony (i.e., a statement of how you came to know Christ).

**Non-refundable Registration Fee** is due with this application. Please make checks payable to "Veritas Classical Schools."

**Humanities Registration Fees:**

March 1 – June 30:

K - \$75

1<sup>st</sup> – 12<sup>th</sup> - \$100

After July: \$25 will be added

**Math & Science Registration Fees:**

*(if taking Humanities):*

Pre-Algebra & up : \$100

*(if NOT taking Humanities):*

7<sup>th</sup>– 12<sup>th</sup>: \$150

**Science Lab/Registration Fees:**

*(if taking Humanities):*

K – 6<sup>th</sup> : \$15

7<sup>th</sup> – 12<sup>th</sup> : \$20

**Early Withdrawal** – If a student withdraws prior to the end of the school year, the parent is responsible to pay an additional month of tuition.

**Parent Signature:** \_\_\_\_\_

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

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# Communicating the truth, training the mind and cultivating the heart

*Study to show yourself approved unto God*

*II Timothy 2:15*

## Veritas Code of Conduct

1. Veritas students are expected to honor God, their parents, their country, their instructor(s), and their fellow students, according to biblical principles of conduct.
2. Veritas students are expected to act respectably, honorably, honestly, and with integrity at all times and in all situations. (i.e. plagiarism, cheating, lying, stealing, language)
3. Unless otherwise indicated by the instructor, no one is to speak in class except the instructor or the student called upon to speak by the instructor.
4. Food may be eaten only in designated areas during breaks and during lunch period. Plastic bottles with water (only) may be kept on the student's table for sipping during class time.
5. Students are expected to act respectfully toward all church/school staff, students, facilities, and property.
6. Students will follow the Veritas dress code.
7. Students will follow the Veritas off-campus lunch policy. **ALL STUDENTS MUST REMAIN ON CAMPUS FOR LUNCH UNLESS CHECKED OUT BY A PARENT.**
8. **Veritas students are expected to arrive on time, have all assignments completed, and be prepared to participate in each class.**

By signing this document, our family agrees to abide by the Veritas Code of Conduct.

Student: \_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_



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## Consent for Medical Treatment

Student's full name \_\_\_\_\_

Parent's names \_\_\_\_\_ Student's birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

List all of the student's allergies or health problems below. If there are none, please indicate:

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Parents' statement:

In the event my child becomes ill or is injured while under the supervision of Veritas Classical Schools, I approve the school authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instruction.
2. In the event of an emergency when neither parent (or guardian) can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting may be done by a school authority's vehicle or, if it be deemed wise, by ambulance.

If in the opinion of a properly licensed and practicing physician my child needs medical or surgical services which require my consent being supplied, and I cannot be reached, I hereby authorize, appoint, and empower Veritas School authorities to furnish on my behalf such written or oral consent as may be required.

Furthermore, I release Veritas Classical Schools and its authorities and representatives from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Parents' signatures \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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### Off-Campus Lunch Authorization Form

Veritas Classical Schools gives parents of **11<sup>th</sup> and 12<sup>th</sup> grade students** the opportunity to allow their children to leave campus for lunch at the appropriate time. Students may only leave campus in their own vehicles, and may not transport other students. Please read the following options and mark your choice. Understand that this agreement will cover the entire 2012-2013 school year, unless changes are made in writing.

**Yes, I give permission for my child to leave campus during lunch.**

As parent or legal guardian of \_\_\_\_\_

(Child's full name)

a student at Veritas Classical Schools, I hereby grant permission for the above-named child to leave campus for lunch time. I agree to hold Veritas Classical Schools, its employees, and its designated volunteers blameless in the case of any accident which may occur while my student is off campus.

It is imperative that any student who leaves campus at lunchtime return at the appropriate time for the start of class. Students who disregard this policy may forfeit the privilege of being allowed to leave campus during lunchtime.

**No, I do not give permission for my child to leave campus during lunch.**

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* This form must be returned to Veritas before a student may leave campus for lunch.

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