

*Veritas Classical Schools Enrollment Application: Kindergarten - 6th Grade
(Warner Robins Campus) 2017-18*



Student's Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Birthday:	2017-2018 Grade Level

Applying for: (Check appropriate box)

<input type="checkbox"/> Humanities only (K-6 th) (Tuesdays)	<input type="checkbox"/> Humanities (1 st -6 th) WITH Math and/or Science (Tues and Thu)	<input type="checkbox"/> Math and Science ONLY (1 st -6 th) (Thursdays)	<input type="checkbox"/> Kindergarten Humanities WITH Enrichment (Tue and Thu)	<input type="checkbox"/> Kindergarten Enrichment ONLY (Thu)
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Warner Robins Grammar Grades Math (a.m.) & Science (p.m.) Options: Please check appropriate box(es). Offered on Thursdays.

<input type="checkbox"/> 1 st Math	<input type="checkbox"/> 2 nd Math	<input type="checkbox"/> 3 rd Math	<input type="checkbox"/> 4 th Math	<input type="checkbox"/> 5 th Math	<input type="checkbox"/> 6 th Math
<input type="checkbox"/> 1 st /2 nd Science		<input type="checkbox"/> 3 rd /4 th Science		<input type="checkbox"/> 5 th /6 th Science	

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:

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

Family's Church Name: _____ Phone: _____

Describe your student's designated study area in your home: _____

Non-refundable Registration Fee is due with this application.

Please enclose check made payable to "Veritas Classical Schools."

Please see Fee Sheet for details for registration fees for Humanities, Math, and Science.

**Early Withdrawal Policy– If a student withdraws prior to the end of the school year,
parents are responsible to pay tuition for the remainder of the semester.**

Parent's Signature: _____ Date: _____

**Please allow a minimum of 2 weeks after April 3, 2017 before expecting an acceptance letter.
Applications will not be considered for approval if received after August 11, 2017.**

Date Postmarked:	Date Released:	Reg. Fee:	Check #:
DB	P	CL	AL

Office Use Only:

Submit application and fee to: Veritas Classical Schools ~ P.O. Box 64, Perry, GA 31069



New Families Only

Spiritual Reference (spiritual leader, Sunday School teacher, or pastor):

Name: _____

Phone: _____

Parent's Spiritual Testimony (Relationship with Jesus):

Use back of sheet if needed.

Father:

Mother:

Student Background:

Briefly state why you are leaving your current school situation and your hopes/desires/ambitions you are looking for at Veritas:

Has your student ever been diagnosed, or suspected of having any physical, learning, or behavioral difficulties? If so, explain.

School background, including curriculum used for each grade if your student was homeschooled:

Veritas, as a classical education school, requires an extensive amount of reading and writing. Please make us aware of any concerns you may have regarding your child's reading or writing skills.

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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. Honor God, their parents, their instructors, and their fellow students according to biblical principles of conduct.
2. Act respectfully to all students, teachers, staff, and administration. Disrespect in word and/or actions will be dealt with immediately.
3. Know and comply with the Veritas dress code that has been established. Failure to comply with the VCS dress code will constitute students being asked to call their parents for appropriate clothes.
4. Arrive on time and be prepared to participate in class each week.
5. Students are expected to come prepared for class. The grade for homework not received by class time of the due date will be reduced by 50%. Students will receive a grade of zero for any work not returned by the following week.
6. If you are absent due to **illness or being out of town**, please know that it is your responsibility to submit all missed work within two weeks. Work submitted after two weeks will not be accepted, and the student will receive a zero for the assignments. No make-up work will be accepted at the end of the semester.
7. Be honest and original in all assignments. **Plagiarism or cheating of any kind is not tolerated**, and students will receive a zero on the assignment.
8. Cell phones must be turned off during the school day and out of sight. ***This means students may not use phones at all while on campus. This includes before and after school, during breaks, or at lunch.*** If a call is necessary, the student will need to receive permission from his/her teacher. In addition to phones, iPods, tablets, smart watches, and electronic toys are also prohibited at Veritas.
9. Veritas will not permit any student to speak harshly against, slander, bully, cyber bully, or threaten any other student, teacher, administrator, or the institution itself via text, video, or social media. If Veritas becomes aware of such, we will notify parents and take disciplinary action. It is not our intent to police students' electronic social lives, but when other students or parents bring these types of comments to our attention, we will not hesitate to act. The Bible says that in the multitude of words sin is not lacking, but he who restrains his lips is wise (Proverbs 19:10).

I will act with integrity in my performance in the classroom, my work at home, and in dealing with others.

Student's signature _____

I will be diligent in making sure my son or daughter completes all assignments.

Parents' Signature _____



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Consent for Medical Treatment

Student's full name _____

Parent's names _____ Student's birth date _____

Address _____

Home Phone _____ Emergency Phone _____

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

**(New and Returning families: include any diagnosed
or suspected learning, behavioral, or medical issues.)**

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 that 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 that 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 _____