

*Veritas Classical Schools Enrollment Application (Warner Robins Campus)*  
2013-2014



Student's Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Birthdate:	2013-2014 Grade Level	
Social Security #: (required for ALL high school students)	Email address of student:	Cell phone # of student:

**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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**Warner Robins Grammar Grades Math (a.m.) & Science (p.m.) Options: Please check appropriate box(es) (offered on Thursdays)**

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

**Warner Robins 7<sup>th</sup> - 12 Math & Science Options: Please circle appropriate choices (offered on Thursdays)**

7 <sup>th</sup> Math 7 <sup>th</sup> /8 <sup>th</sup> Science	Pre-Algebra 7 <sup>th</sup> /8 <sup>th</sup> Science	Algebra I Physical Science OR 7 <sup>th</sup> /8 <sup>th</sup> Science	Geometry Biology	Algebra II Chemistry OR Physical Science	Pre-Calculus Physical Science OR Anatomy/Physiology OR Chemistry OR Biology OR Physics	Algebra III Physical Science OR Anatomy/Physiology OR Chemistry OR Biology OR Physics
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**Electives, included with Humanities tuition. Please circle appropriate choice.**

Latin I (High School)	Latin II (High School)	Greek I (High School)	Greek II (High School)	<b>Other electives will be offered for a fee. Classes and schedule to be determined.</b>
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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 Church Name: \_\_\_\_\_

**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, the parent is responsible to pay tuition for the remainder of the semester.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Rec'd:	Reg Fee:	Check #:
FS      DB      P      E	AL      CL	SL

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

## 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

Veritas students are expected to:

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 cannot use phones at breaks or lunch. If a call is necessary, the student will need to consult the teacher. Also, no iPods or electronic toys are allowed at Veritas.

**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 all assignments are completed by my son or daughter.**

Parent's Signature \_\_\_\_\_

\_\_\_\_\_



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*II Timothy 2:15*

### 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 – 11<sup>th</sup> & 12<sup>th</sup> grade only**

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 2013-2014 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.

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

**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.

**Parent's Spiritual Testimony:**

Father:

Grade: \_\_\_\_\_  
Campus: WR

Mother:

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**Student School Background:**

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