

Application for NEW SIBLING Admission

 $(for\ NEW\ Siblings\ from\ RETURNING\ FAMILIES)$

Date of App	lication:	School year for which you a	School year for which you are applying:						
Do you inter	nd to apply for financial a	assistance to help with your tuition expense	elp with your tuition expenses at Veritas? Yes				s No		
	f NEW Siblings Applyi ull legal names.	ng for Admission. List only NEW siblings.	Do n	ot list students	already	attending \	Veritas. Please		
IF YOU AF	RE APPLYING FOR PRE-KII	NDERGARTEN, PLEASE INDICATE 3-DAY OR 5-	DAY.						
Full Legal Name		Preferred Name	Preferred Name		Date of Birth		Grade Entering		
1.									
2.									
3.		ase answer on an additional sheet of paper.)		_					
		ase answer on an additional sheet of paper.)							
II. Family In									
City:		State: Zip:							
Father's Nan	ne:	Father'	Father's Email:						
Mother's Na	me:	Mother	's Em	nail:					
Family's Pref	ferred Email Address:								
Please list th	Information e schools this sibling has on a separate sheet of page 1.	previously attended beginning with the moaper.	st rec	ent. If more s	pace is no	eeded, plea	ase provide the		
		School Address		Phone	D	ates:	Grade		
Child	School Name	Street & # or PO Box, City, State, Zip		Number	Fre	om/To	Completed		
			()					
			()					
			()					
in answering are referring	the following questions .) Further elaboration or	n with significant or serious learning disabiliti a as candidly and honestly as possible. (If mon n your answers may be requested if necessar earning needs (ADD, ADHD, dyslexia, etc.) tha	ore the	an one sibling i	s applyinį	g, please no	ote to which child you		
classrooi	m setting? If y	ves, please explain:							
2. Has this	child ever been referred	for testing or placed in a special program?		If yes, plea	se expla	in:			
		<u> </u>			•				

3.	Has this child ever seen or been referred to a counselor/doctor/psychiatrist for any type of social, behavioral, emotional, or mental issue?
	If yes, briefly state the nature of the issue:
4.	Has this child ever taken medication for a learning or behavioral issue? If yes, please explain:
5.	Has this child ever experienced any disciplinary problems at a previous school? (i.e. Has a teacher or administrator EVER contacted you
	regarding your child's behavior?) If yes, please explain:
6.	Has this child ever repeated a grade for any reason? If yes, please explain: when and why?
7.	Please describe any medical or health issues (heart, hearing difficulties, speech impediments, asthma, etc.) and any significant illnesses,
•	diseases, conditions, allergies, injuries, surgeries, or hospitalizations.
0	Do you understand that before this child starts school at Veritas Academy, the parent(s) must submit a Coordia Immunization
٥.	Do you understand that before this child starts school at Veritas Academy, the parent(s) must submit a Georgia Immunization
	Certificate (form #3231) or a valid medical exemption or a valid affidavit of religious exemption? YES NO
TC	D MAKE THIS APPLICATION COMPLETE, PLEASE INCLUDE THE FOLLOWING:
	or ALL NEW Sibling Students:
	Completed Application for NEW Sibling Admission
	Two Letters of Recommendation must be completed by teachers and/or administrators from the most recent school attended (preferably one teacher and one administrator). If Pre-K or K applicant has not been enrolled in a preschool, please have a Sunday School teacher or childcare worker complete the Letter of Recommendation.
Ac	dditional documents for New Sibling applicants entering 1st grade or above (not required for Pre-K & K):
	A copy of the most recent standardized test scores for each student applying (e.g. Stanford Achievement Test or Iowa Test of Basic Skills, etc.)
	A copy of the report cards from the two most recent grading terms for each student applying.
	Samples of the student's recent academic work for each student applying (<u>Photocopies</u> of two recent math assignments, two recent writing assignments, and a list of recent books read).
YC	OUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL OF THE ABOVE DOCUMENTS ARE RECEIVED. THANK YOU.
an ind ag	y signature below herein evidences that the information in this application is correct to the best of my understanding. I also state that I have read and understand the foundational documents of Veritas Academy (Mission, Foundational Commitments, Approach, Goals, Statement of Faith cluding the Statement on Sanctity of Life, Marriage, Gender, and Sexuality) and agree to have my children taught in accordance with these. I also gree to have my children abide the school's Code of Conduct. My signature below also evidences that I have read the current Parent/Student andbook and, if my child is admitted to Veritas Academy, agree to faithfully and fully abide by the policies of the school as stated therein.
Fa	ther's Signature: Date:
M	other's Signature: Date:

Veritas Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.