



VERITAS COLLEGIATE
— A C A D E M Y —

935 23RD STR. S, ARLINGTON, VIRGINIA 22202
866-LOGIC-33

NATIONAL LANDING APPLICATION

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

Please attach the following: A copy of the student's birth certificate and a completed transcript request form.

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>
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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:



FOR OFFICE USE ONLY: Family Number: _____ Accepted: _____ _____
