



Veritas Christian Academy
 A Ministry of Lakewood Baptist Church
 4011 Lakewood Drive, Phenix City, AL 36867
 334.448.0389, www.veritaspc.org
 Office Hours 8:15AM-3:30PM, Monday-Friday
 Meredith Curtis, Administrator; meredith@veritaspc.org

APPLICATION FOR ADMISSION

DATE: _____
 FOR ACADEMIC YEAR: _____ FOR GRADE: _____

Student's Name: _____
 (as shown on birth certificate)

Name preferred to be called by: _____

GENDER: Male _____ Female _____ DATE OF BIRTH: _____ AGE: _____

Last school attended: _____

Has student ever been: Suspended? _____ Expelled? _____

If so, please give brief details: _____

Has student ever been retained? YES _____ NO _____ If "YES", what grade? _____

List siblings attending or enrolling in the Academy: (Discount applies)

NAME _____ GRADE _____

NAME _____ GRADE _____

ALL STUDENTS MUST HAVE THE FOLLOWING RECORDS IN THEIR FILES BY THE FIRST DAY OF SCHOOL:

1. Copy of student's Social Security card
2. Copy of student's Birth Certificate
3. An ALABAMA blue immunization form
4. Current copy of transcript and report card (IF NEW STUDENT)
5. Most recent standardized test scores (IF NEW STUDENT)

REGISTRATION FEE: \$100 K-8TH _____

TUITION RATE: _____

BOOK FEE: \$150 K-6TH _____

\$250 7TH -8TH _____

DATE PAID: _____

TEST FEE: \$ 25 2ND -8TH _____

TOTAL PAID: _____

CHECK #: _____ CASH _____

(REGISTRATION, BOOK AND TEST FEES ARE NON-REFUNDABLE)

PARENT/GUARDIAN INFORMATION

GUARDIAN #1: _____

Relationship to student: _____ Does student live with this guardian? YES ___ NO ___

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMAIL ADDRESS: _____ **WOULD YOU LIKE STATEMENT EMAILED: YES/NO**

Occupation: _____ Employer: _____

Church attended: _____

GUARDIAN #2: _____

Relationship to student: _____ Does student live with this guardian? YES ___ NO ___

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMAIL ADDRESS: _____ **WOULD YOU LIKE STATEMENT EMAILED: YES/NO**

Occupation: _____ Employer: _____

Church attended: _____

PLEASE LIST TWO EMERGENCY CONTACTS OTHER THAN GUARDIANS: (CHECK IF PERSON MAY SIGN STUDENT OUT OF SCHOOL)

_____ EMERGENCY CONTACT #1: _____ PHONE: _____

_____ EMERGENCY CONTACT #2: _____ PHONE: _____

PHYSICIAN AND PHONE NUMBER: _____

Does student have any medical conditions or take prescription medication on a daily basis? YES ___ NO ___

If "YES", please give a brief description: _____
