

Application for Admission



Veritas Classical Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

ENROLLING YOUR CHILD

We are delighted that you have chosen to enroll your child at Veritas Classical Christian School. Your child will greatly benefit from the challenging academics and comprehensive program within a loving, nurturing environment. Veritas Classical Christian School education will yield fruit for life and eternity!

ADMISSION REQUIREMENTS:

- Parents/guardians must be able to support the school's mission and vision statements, core beliefs, core values, and the school policies.
- Students must be able to accomplish the required academic work.
- Students must maintain a high standard of Christian conduct both in school and out. Please read *Parent-Student Handbook* for specific expectations.
- Kindergarten students must be five years old by August 31.

STEP 1 – SUBMIT AN APPLICATION FEE of \$150

- Student Enrollment Form (*one per family*)
- Signed Parent Agreement (*one per family*)
- Student Information (*one per student*)
- Emergency Information/Medical History Form (*one per student*)
- Teacher Reference Form (*students entering grades 1-3, give to teacher to complete and mail/email*)

STEP 2 – SUBMIT SUPPLEMENTAL PAPERWORK

- Recent report cards
- Copy of most recent standardized testing results
- Immunization record (*Washington State Certificate of Immunization or Certificate of Exemption*)

STEP 3 – TESTING

New students may be required to take a general achievement test to ensure academic placement. The test takes approximately 30 minutes and covers reading and mathematics. School personnel will contact you to schedule a testing date when all applicable forms have been submitted and application fee paid.

STEP 4 – INTERVIEW

An interview will be scheduled for new students and their families when all forms have been received. We request that both parents/guardians be present for the interview, unless the student is from a single-parent home.

STEP 5 – CONFIRMATION OF ENROLLMENT STATUS—pay curriculum fee

STUDENT ENROLLMENT FORM

Daytime contact Phone#: _____ **Date:** _____

Student Name: _____ **Entering Grade** _____
Last First Middle Preferred

Gender: ___ Male ___ Female Date of Birth ____/____/____

Address: _____ **PO Box** _____
Street City State Zip

2nd Student: _____ **Entering Grade** _____
Last First Middle Preferred

Gender: ___ Male ___ Female Date of Birth ____/____/____

3rd Student: _____ **Entering Grade** _____
Last First Middle Preferred

Gender: ___ Male ___ Female Date of Birth ____/____/____

4th Student _____ **Entering Grade** _____
Last First Middle Preferred

Gender: ___ Male ___ Female Date of Birth ____/____/____

Please give names and contact information of parents/step-parents/guardians with whom the applicant lives:

Name: _____ Relation to applicant: **Father** / Step-Father / Guardian
(Circle one)

Employer: _____ Occupation: _____ Work phone: _____

Home Phone: _____ Cell: _____ email: _____

Name: _____ Relation to applicant: **Mother** / Step-Mother / Guardian
(Circle one)

Employer: _____ Occupation: _____ Work phone: _____

Home Phone: _____ Cell: _____ email: _____

If parents are divorced or separated, who has legal custody of the child? _____

Is either parent forbidden by court order from having access to the child? ___ Yes ___ No

Is there an **active** restraining order/parenting plan we should have on file? ___ Yes ___ No
(It is the parent's responsibility to provide the school with a copy of any current restraining order, parenting plan or other court order regarding your child).

Church Information: We desire to partner with your church and Pastor whenever beneficial to your family.

Name of Church _____

Pastor _____ Phone _____

EMERGENCY INFORMATION & MEDICAL HISTORY

This form must be completed, signed, and submitted to VCCS before the student attends the first day of class. This is confidential information and will be seen only by appropriate school personnel.

STUDENT NAME _____

Birth Date _____

_____/_____/_____/_____
Month Day Year Grade Entering

Please give the names and contact information of parents/stepparents/guardians with whom the student lives.

Name: _____ **Relation to student:** _____

Address: _____
Street City Zip

Home#: _____ Cell#: _____ Work #: _____

Name: _____ **Relation to student:** _____

Address: _____
Street City Zip

Home#: _____ Cell#: _____ Work #: _____

EMERGENCY CONTACTS: In case of emergency or injury, if parents cannot be reached (prioritize)

NAME	RELATIONSHIP TO STUDENT	PHONE	AUTHORIZED TO PICK UP STUDENT
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Date of Last Physical Exam: _____

Medical Insurance: *All students attending our school are required to have medical insurance coverage. VCCS does not assume responsibility for such coverage.*

Insurance Company: _____ Policy number: _____

Doctor's Name: _____ Phone number: _____

Preferred Hospital: _____ Phone number: _____

Student Name: _____ 2023/2024 Grade: _____ Date: _____

Student Name: _____ 2023/2024 Grade: _____ Date: _____

MEDICAL HISTORY

Does your child currently have or has your child previously had any of the following? If YES, explain briefly.

	No	Yes	
Allergies to medication	___	___	List: _____
Other Allergies (Food, etc)	___	___	List: _____ Epi-pen? _____
Frequent Headaches	___	___	_____
Convulsions/Seizures	___	___	_____
Hearing Impairment	___	___	_____
Visual Impairment	___	___	_____
Frequent Ear Infections	___	___	_____
Asthma	___	___	Inhaler needed at school? _____
Hay Fever	___	___	_____
Heart Abnormality	___	___	If so are there limitations? _____
Kidney Disease	___	___	_____
Blood Disease	___	___	_____
Frequent Nosebleeds	___	___	_____
Diabetes	___	___	On Insulin? _____
Hypoglycemia	___	___	_____
Skin problems	___	___	_____
ADD	___	___	_____
ADHD	___	___	_____
Emotional Concerns	___	___	_____
Other	___	___	_____
Please List any Medications being taken: _____			

CONSENT FOR HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE

We agree that in the event our child becomes ill or sustains an injury while in the care of VCCS, and VCCS believes the illness or injury is of an urgent nature, 911 may be called and/or our child may be transported to the nearest hospital/medical facility for care. We hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, blood tests, transfusions, or other procedures which may be deemed necessary for my child during the stay at a hospital.

If an illness or injury to our child is believed to be of a less serious nature, VCCS personnel will attempt to contact the parent for further instructions.

Financial Agreement

We hereby agree to accept responsibility for any costs or charges that result from, are incurred by, or arise in connection with the care or hospitalization of our child. We furthermore agree to indemnify and hold harmless VCCS for all such costs or charges.

Signature of parent/legal guardian

Date

Signature of parent/legal guardian

Date

Student Name: _____ **2022/2023 Grade:** _____ **Date:** _____

STUDENT INFORMATION

Student Ethnicity (*optional*): • African-American • Caucasian • Native Indian/Native Alaskan • Asian/Pacific Is.
• Hispanic • Latino • Other _____

How did you hear about Veritas Classical Christian School? _____

Did a current family refer you? • Yes • No If Yes, please list family name: _____

Academic History: List schools previously attended including home school. Please start with the most recent.

Date or Grade	Name of School	School Address and Phone Number	Reason(s) for Leaving	Average Grades

****Please attach copies of last year's report cards and results from the most recent standardized test****

Is there an unpaid balance on tuition or fees from other school(s)? • No • Yes, We owe \$ _____
(VCCS requests that you retire all prior financial indebtedness to other schools before incurring additional costs.)

Please check all that apply: Please elaborate on item(s) checked, as necessary:

My child has been:

- Retained (held back) in a grade _____
- Double promoted (skipped a grade) _____
- Tested for learning disabilities _____
- Placed in a gifted program _____
- Recommended for special education _____
- Placed in remedial learning _____
- Disciplined frequently in school _____
- Suspended from school _____
- Expelled or asked to withdraw from school _____
- Involved with drugs/alcohol _____
- Exposed to physical or emotional trauma _____
- Other _____

In school last year my child performed at:

- Full potential _____
- Less than full potential _____
- Not sure _____

PARENT AGREEMENT

Please read each paragraph thoroughly. Initial the box to indicate understanding of each portion of the Parent Agreement. After reading and initialing each paragraph, indicate your acceptance of the Parent Agreement by adding your signature, printed name and date.

PHILOSOPHY: We understand the mission and purpose of Veritas Classical Christian School (VCCS) and by signing this parental agreement do pledge to support and cooperate in every way at home and at school to enhance and fulfill this purpose and philosophy.

PARENTAL INVOLVEMENT: We understand that the mission and philosophy of the school cannot be fulfilled without parental involvement. This involvement includes, but is not limited to: attendance at school functions and parent meetings, support of the homework policy, reading information sent home from the school, communication with our child(ren)'s teacher(s), participation in fundraising activities, Christian conduct at events, volunteering at our school, etc.

CONTINUOUS ENROLLMENT: We understand that upon our child(ren)'s acceptance into VCCS, enrollment will continue from the date of initial acceptance *through* 6th grade or until the family submits formal notice of intent to withdraw and completes the required withdrawal process. We understand that each January, VCCS will provide information regarding next year's tuition rates and bill a fee for continuous enrollment. We further understand that maintaining continuous enrollment for our child(ren) requires that we update our family's information with the school and pay the annual continuous enrollment (CE) fee. We understand the CE fee will be billed the last Monday in January and payment is due by the last Monday in February. After the last Monday in February, late fees will apply. We understand that the fee for continuous enrollment is non-refundable.

DISCIPLINE AND CONDUCT: The school shall have authority to discipline our child(ren) when necessary, and we will require our child(ren) to comply with all school regulations. We agree that we will cooperate and discipline our child(ren) at home as needed. We understand that a child who persists in unacceptable conduct will not be permitted to remain in school. We further agree to require our child(ren) to show respect for those in authority over them in the school such as administrators, teachers, assistants, all staff, and parent volunteers.

DRESS CODE: We agree to support the dress code as outlined in the school handbook and to see that our child(ren) abide by those guidelines.

DAMAGES: We will pay for damages caused by our child(ren).

ACTIVITIES: We grant permission for our child(ren) to participate in all school-sponsored activities during the school day. We understand that our child(ren) have to use school transportation for school activities and that the school assumes no liability beyond that of reasonable caution and care in conducting trips. We agree to hold harmless VCCS, its employees, agents, and representatives, including volunteers and drivers, from any and all claims arising from our child(ren)'s participation in school activities.

LIABILITY: We release VCCS from all liability, except negligence, while our child(ren) is/are under school care and responsibility

PLACEMENT: We understand that the school has full discretion in the class placement of our child(ren) and strives to work with the parents in this placement.

GRIEVANCES: We agree to abide by the schools' policy of conflict resolution as given in the school handbook.

PHOTOGRAPHS AND VIDEO: I/We hereby give permission to Veritas Classical Christian School or an authorized studio to photograph and/or video tape my/our student for internal and external publications, marketing tools, or publicity purposes.

SCHOOL HEALTH POLICY: We understand that it is our responsibility to notify the school and provide timely updates of any changes in our child(ren)'s health, healthcare coverage, vaccinations, allergies, and/or other health concerns which may affect our child(ren)'s well-being while at school and school-sponsored events. **Per Washington State Law, NO medications will be given without written permission from the physician AND the parents.** See handbook for our policy in this area.

CONSENT FOR EMERGENCY CARE: We agree that in the event our child becomes ill or sustains an injury while in the care of VCCS, and VCCS believes the illness or injury is of an urgent nature, 911 may be called and/or our child may be transported to the nearest hospital/medical facility for care. We hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, blood tests, transfusions, or other procedures, which may be deemed necessary for my child during the stay at a hospital. If an illness or injury to our child is believed to be of a less serious nature, VCCS personnel will attempt to contact the parent for further instructions. **Financial Agreement:** We hereby agree to accept responsibility for any costs or charges that result from, are incurred by, or arise in connection with the care or hospitalization of our child. We furthermore agree to indemnify and hold harmless VCCS for all such costs or charges.

My signature indicates that I have read and hereby grant my consent for VCCS to seek urgent medical care on behalf of my child(ren) in the event of an emergency. This consent extends through all years that my child is enrolled at VCCS.

MEDICAL INSURANCE: We understand that we are responsible to maintain adequate medical insurance to cover our child(ren)'s medical needs or emergencies while attending VCCS and VCCS activities.

FINANCIAL AGREEMENT: Tuition may be paid in advance or in equal monthly installments, May through April. We agree to fulfill all financial obligations promptly, paying the monthly tuition payment by the 15th of the month.

Delinquent Accounts: We understand that if the full payment is not received by the due date, there will be a \$25.00 late fee. We understand that our child(ren) will not be permitted to continue to attend school and report cards/transcripts will be held if our account becomes more than 45 days past due. We understand in order to maintain enrollment, our account must be current.

Withdrawal Report card(s) will be released after financial obligations are paid.

Non-Refundable/Non-Transferable Fees: Continuous enrollment and Application fees are non-refundable and non-transferable.

Returned Check: Any returned check will result in a \$25.00 charge to your account.

Tuition Commitment: We understand that all families will be invoiced for their first tuition payment in April. Our first monthly payment in May signals your financial commitment for the entirety of the following school year. We understand that VCCS will hire teachers, set salaries, and buy curriculum based on that commitment. Our commitment remains in effect even if our child is withdrawn or expelled. The only exception would be when the vacated seat is filled by an incoming student in that class. All tuition from the current year must be paid in full by June 30 or re-registration for the coming year will be denied.

Curriculum Fee: The curriculum fee covers most, but not all, of the curriculum expenses. At the end of the year, the remaining portions of consumable books will be sent home with students. This does not include reusable texts or books.

SCHOOL DIRECTORY INFORMATION RELEASE: We understand that school directory information consists of parent and student names, addresses, telephone numbers, and/or email addresses. This information will potentially be printed in school directories, class lists, etc. unless otherwise indicated. We agree to have our information listed for VCCS family use.

HANDBOOK: We have read the Parent-Student Handbook and agree to abide by its contents. We have read the *Statement of Faith* and will support it with our enrolled children.

INTERNET ACCESS & ACCEPTABLE COMPUTER USE POLICY: I/We have read the **Acceptable use Policy for Internet Access**. I/we as the parent/s hereby agree to comply with the policy. I/we understand and agree that my/our child(ren) will be expected to communicate over the network in a responsible fashion and observe all relevant laws and restrictions, with the goal of honoring God throughout the process. In addition, the parent/legal guardian of the student(s) hereby grants permission for the student(s) to access networked computer services such as the Internet. I/we also understand that my/our child(ren) will be held liable for violations, and I/we accept responsibility for guidance of Internet use—setting and conveying standards for my/our son or daughter to follow when selecting, sharing, or exploring information and media.

By signing below, I/We acknowledge having read this agreement carefully and hereby agree to its terms. *Note: This signature page must be submitted to administration before enrollment is considered complete.*

_____ Date: _____
Parent Signature Printed Name

_____ Date: _____
Parent Signature Printed Name