

# The Veritas School Application for Re-enrollment

## General Information

Student's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Address: \_\_\_\_\_  
(If Changed)      **Street**      **City**      **County**      **Zip**

Father's Name (or guardian): \_\_\_\_\_ Marital status: \_\_\_\_\_

Address: \_\_\_\_\_  
                         **Street**      **City**      **County**      **Zip**

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Marital status: \_\_\_\_\_

Address: \_\_\_\_\_  
                         **Street**      **City**      **County**      **Zip**

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Student lives with whom: \_\_\_\_\_ Family E-mail Address: \_\_\_\_\_

## Medical Information

Doctor Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Serious health, illnesses or medical issues: \_\_\_\_\_

Allergies: \_\_\_\_\_

Are there any other health problems of which the school should be aware?  Yes  No  
(If yes, explain on a separate sheet of paper)

Insurance Company: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contacts ~ In the event that your child needs to be sent home from school due to an emergency and we are unable to reach you, to whom may he/she be sent?

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

## Agreement

We/I certify that the information given on this application is factual and true. I/We agree to abide by the policies and doctrinal statement as outlined in the Veritas School Parent Contract and Student Handbook.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_