

## New K-12 Student Enrollment Application

**2010-2011**

- Registered as a Homeschool Student with \_\_\_\_\_  
 Registered as a Veritas-IRCS Student \_\_\_\_\_

**Grade Entering** \_\_\_\_\_

<b>STUDENT INFORMATION</b>	Social Security# _____
Last Name _____	First Name _____ Middle Initial _____
Preferred Name _____	Gender M F Date of Birth _____
Student Email _____	Ethnicity _____
Church _____	Denomination _____
Last school attended _____	Grade Completed _____
School Address _____	City _____ State _____ Zip _____
Does the student have any medical conditions? _____	
Does the student take any medication on a daily basis? _____	

<b>Sibling(s) at Veritas?</b>	
Yes _____	No _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

<b>PARENT/GUARDIAN #1-Student Lives With? Yes No HAVE LEGAL CUSTODY? Yes No</b>
Mail Title: Mr. Mrs. Miss Ms. Dr. Pastor Rev. _____
Last Name _____
First Name _____ D.O.B. _____
Relationship _____
Address _____
City _____ State _____ Zip _____
Church _____ Active: Yes No
Employer _____
Occupation _____
Highest Degree Earned _____ Degree In _____
<b>CONTACT INFORMATION</b>
Home Phone _____
Mobile Phone _____
Work Phone _____
Email _____

<b>PARENT/GUARDIAN #2-Student Lives With? Yes No HAVE LEGAL CUSTODY? Yes No</b>
Mail Title: Mr. Mrs. Miss Ms. Dr. Pastor Rev. _____
Last Name _____
First Name _____ D.O.B. _____
Relationship _____
Address _____
City _____ State _____ Zip _____
Church _____ Active: Yes No
Employer _____
Occupation _____
Highest Degree Earned _____ Degree In _____
<b>CONTACT INFORMATION</b>
Home Phone _____
Mobile Phone _____
Work Phone _____
Email _____

<b>FINANCIAL INFORMATION</b>
Name of person financially responsible: First _____ Last _____
Address _____ City _____ State _____ Zip _____

<b>EMERGENCY CONTACTS</b> <i>(People to notify in case of an emergency and/or pick up when parent cannot be reached)</i>
Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Alt Phone _____ Cell Phone _____
Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Alt Phone _____ Cell Phone _____