



# VERITAS COLLEGIATE ACADEMY

1 Moo 7, Najomtien, Sattahip,  
Chonburi, 20250, Thailand

## APPLICATION

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

***Please attach the following:*** A copy of the student's birth certificate, a completed transcript request form, the completed Christian Character & Personal Reference form, and the \$95.00 non-refundable application fee.

### 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>
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 _____		
_____		
<i>Use an additional sheet if necessary</i>		

## 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: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> Family Number: _____ Accepted: _____
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