

## **Application Summary Page**

TO COMPLETE THIS APPLICATION, please include the following items and deliver or mail to Veritas Classical Academy, Admissions, P.O. Box 720426, Norman, OK 73070. If the completed application meets all admission requirements, you will be contacted to arrange an appointment for an interview.

### **For all applicants:**

- Parent(s) MUST attend one Parent Information Session. Information regarding these meetings is available by calling the school office or checking the school website ([www.veritasnorman.org](http://www.veritasnorman.org)). Attending a Parent Information Session is a pre-condition of enrollment.
- Parents are also encouraged to attend a Campus Day (only after attending an Information Session) to visit the school. Information about these events is available on the website or by calling the school.
- Parents must read *Recovering the Lost Tools of Learning*, by Doug Wilson.
- A \$75 nonrefundable application fee for each applying child, not to exceed \$225 per family. For applications received after May 18, the application fee is \$125 per student, not to exceed \$375 per family.

### **Full-time applicants:**

- Completed student application form
- Official results of the survey or core battery of the Iowa Test of Basic Skills taken within the past six months (1st grade through 11th grade). Pre-K and Kindergarten applicants will be tested independently by the school in May. The VCA office will contact parents of pre-K and Kindergarten applicants to set up a testing time.
- Candidates for grades 1-11 should provide report cards from the most recent academic year. Homeschooled students should provide report card equivalents if possible and at a minimum give a listing of curricula used for various subjects in the past year.
- Two reference letters (one from a former teacher or other childcare provider and the second from a non-family friend or neighbor).
- Writing sample for grades 6-11. Please contact the school office for guidelines.
- Recent student photo.
- Immunization Records.

### **Part-time applicants (Upper School Only)**

- Completed student application form.
- Results from subject entrance exams and writing sample. Please contact the VCA office to set up a testing time and to receive writing guidelines. Applicants must score at least a 70% on subject mastery tests for part-time admission.
- Recent report card or list of homeschool curricula by subject.
- Two reference letters (one from a former teacher and a second from a non-family friend or neighbor).
- Recent student photo.
- Immunization Records.

All checks should be made out to 'Veritas Classical Academy'. Please specify on the memo line the purpose of the payment. No application will be processed until fees are received.



**Office Use Only**

Date \_\_\_\_\_

Fees \_\_\_\_\_

Notes \_\_\_\_\_

# **Veritas Classical Academy**

*Application for Admission/ 2010-2011*

**Student Information** (Please submit separate applications for each student.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ Gender \_\_\_\_\_

Email to use for school correspondence \_\_\_\_\_

**Father**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-mail \_\_\_\_\_

**Mother (if different address from father)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-mail \_\_\_\_\_

**Siblings** (Please list names and ages of all living at home.)

\_\_\_\_\_

*Application Questionnaire*

**General Questions (new families only)**

1. Has at least one parent attended a VCA information meeting? \_\_\_\_\_ Both? \_\_\_\_\_

2. Have both parents read the relevant Parent/Student Handbook, Statement of Faith and Mission Statement (available on the school website under the Resources page? \_\_\_\_\_ Do you agree to have your child taught in accordance with the VCA guiding principles and policies as outlined in the above documents?

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3. Have both parents read *Recovering the Lost Tools of Learning* by Douglas Wilson, including the essay “The Lost Tools of Learning” by Dorothy Sayers in the appendix?

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4. Does at least one parent profess faith in Christ alone for his or her salvation? \_\_\_\_\_  
**Please indicate church attended.**

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**Church address, phone, and Pastor’s name**

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5. Does that parent agree with the Nicene Creed? (copy attached) \_\_\_\_\_

6. Is either parent or guardian opposed to a Christian education? \_\_\_\_\_ If so, please explain.

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7. Are there any points of VCA philosophy, statement of faith or school policy which are inconsistent with your goals for your family? \_\_\_\_\_ If so, please explain, along with how you plan to handle these differences while still supporting the stated goals of VCA.

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8. In the event of a misunderstanding or conflict with the school, what do you believe to be the best approach to reach a resolution?

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9. How do you promote biblical values in your home?

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10. State the three primary reasons you desire your child to attend Veritas Classical Academy?

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11. Do you understand and are you prepared to oversee the home component of the VCA model? \_\_\_\_ Please explain how you will assure quality in completion of assignments at home.

12. Do you have regular access to an up-to-date computer with adequate software and Internet access? \_\_\_\_\_

13. If you found your student struggling academically, what would you do?

14. What, if any, concerns do you have about your child attending VCA?

### Student-Related Questions

1. How would you characterize your student's academic ability and level of interest?

2. What are some of your student's interests or hobbies?

3. What virtues would you most like to see developed in your student?

4. Please list any medical conditions such as asthma, food allergies, etc. that the school should be aware of \_\_\_\_\_

Will this condition need to be treated by staff during school hours?

5. Are there any known medical, psychological, mental, emotional, or learning difficulties that could have an impact on the applicant's ability to flourish in a rigorous academic environment? If none, please initial here. \_\_\_\_\_ Otherwise, please explain.

Veritas Classical Academy is not staffed to handle students with severe learning disabilities or those who have significant behavioral problems. For your child's best interest, please be candid when answering the following questions. Further elaboration on your answers may take place during an interview.

- Has the student ever been tested for or placed in a special learning program?  
\_\_\_\_\_
- Has the student required any other special help or tutoring? \_\_\_\_\_
- Has the student ever repeated a grade for any reason? \_\_\_\_\_ If so, which grade?  
\_\_\_\_\_
- Has the student ever been suspended or expelled by a previous school? \_\_\_\_\_
- Has the student ever seen a counselor, doctor or psychiatrist for any type of social, behavioral or mental problems? \_\_\_\_\_ If so, briefly state the nature of the problem:  
\_\_\_\_\_
- Has the student ever been examined or treated by a counselor, doctor or psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)? \_\_\_\_\_
- Do you suspect or have you been told that your child might have dyslexia? \_\_\_\_\_
- Has the student ever been involved in legal problems or been arrested? \_\_\_\_\_

6. Please list previous schools attended, including homeschool.

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

I certify that this application is correct and agree that if my student is accepted I will faithfully meet my obligations to the school. I have read, understood, and agree with VCA's guidelines and policies as outlined in the Mission Statement, Statement of Faith and Parent/Student Handbook.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(If student is from a two-parent household, both parents must sign.)*

*Veritas Classical Academy of Norman Inc. 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.*

Veritas Classical Academy P.O. Box 720426, Norman, Oklahoma 73070  
(405)644-4280 (main) (405)644-4283 (admissions)  
www.veritasnorman.org veritasnorman@yahoo.com

## Nicene Creed

We believe in one God, the Father Almighty, Maker of heaven and earth, of all things visible and invisible.

And in one Lord Jesus Christ, the only-begotten Son of God, begotten of his Father before all worlds, God of God, Light of Light, very God of very God, begotten, not made, being of one substance with the Father; by whom all things were made; who for us and for our salvation came down from heaven, and was incarnate by the Holy Spirit of the virgin Mary, and was made man; and was crucified also for us under Pontius Pilate; he suffered and was buried; and the third day he rose again according to the Scriptures, and ascended into heaven, and is seated at the right hand of the Father; and he shall come again, with glory, to judge both the living and the dead; whose kingdom shall have no end.

And we believe in the Holy Spirit, the Lord and giver of life, who proceeds from the Father and the Son; who with the Father and the Son together is worshiped and glorified; who spoke by the prophets; and we believe in one holy catholic and apostolic church; we acknowledge one baptism for the remission of sins; and we look for the resurrection of the dead, and the life of the world to come. Amen.

**Veritas Student Reference Form**

(One form should be filled out by a former teacher or caregiver; the second by a non-family friend or neighbor. Reference should send in a sealed envelope to: Veritas Classical Academy, P.O. Box 720426, Norman, OK 73070)

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

**Reference Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**1. How long have you known this student?**

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**2. Have you observed this student in a classroom environment? Yes No**

**3. Does this student generally take direction from an adult (other than his/her parent) well? Y N Please explain:**

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**4. Does this student show respect to his/her parent(s) in most situations? Y N Explain:**

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**5. Does this student generally show self-control when excited, irritated, or upset? Y N Explain:**

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**6. Would you characterize this student as socially mature for his/her age? Y N Please explain:**

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**7. Does this student get along well with his/her peers? Y N Explain:**

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**8. If you were a teacher, would you want this child in your class? Y N Explain:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_