



Transcript Request

Student Name:

Applying for Grade:

Date of Birth:

Age:

SS #

The student names above has applied for admission into Veritas Christian Academy. Please send a completed transcript, with exact titles of subjects, grades, and/or credits earned to date, and the key to your grading system to the address below. Please also include:

- Current class schedule (If applicable)
- Date of withdrawal (if applicable)
- Record of attendance
- Health records
- Reports of disciplinary actions
- Standardized test scores

I hereby authorize the release of the above-mentioned information to Veritas Christian Academy.

Parent/Guardian Signature:

Date:

Parent/Guardian Printed Name:

Mail to: Veritas Christian Academy
385 Houses Corner Road
Sparta, NJ 07871
973-579-6333



STUDENT BACKGROUND SURVEY

(Please print or type)

Student Name: _____ Applying for Grade _____

Parent & Student: Please answer the questions below and sign where indicated. Give the signed form to the student's principal (or designate), along with a stamped envelope addressed to: Veritas Christian Academy, 385 Houses Corner Road, Sparta, NJ 07871.

Principal: Please verify all information, then sign this form and mail back to Veritas in the envelope provided.

THIS INFORMATION WILL REMAIN CONFIDENTIAL

PLEASE EXPLAIN ANY YES ANSWERS ON A SEPARATE SHEET OF PAPER AND ATTACH TO FORM.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has this student ever been suspended or expelled from any school or assigned to an alternative-learning center? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has this student been declared ineligible to reenroll in the school from which he/she is transferring? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has this student ever been diagnosed as having Attention Deficit Disorder (ADD), Hyperactivity Disorder (HD/ADHD) or any other learning disabilities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has this student ever been in consultation with a counselor, diagnostician, or doctor concerning emotional or behavioral problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has this student ever been charged with the possession of or use of illegal drugs or controlled substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has this student ever been involved in inappropriate sexual behaviors? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Has this student ever been accused of or involved in the illegal possession of a dangerous weapon? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Has this student ever had his/her driver's license suspended or revoked? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has this student ever been arrested or convicted by any civil authorities? |

We affirm that all of the above is true, and agree to the possible immediate dismissal of the student named above from Veritas Christian Academy for any misstatement or omission on this form.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Student Signature _____ Date _____

The above answers are true and correct to the best of my knowledge:

Principal/Designate Signature _____ Date _____



TEACHER/ COUNSELOR REFERENCE

(Please print or type)

Student Name: _____ Applying for Grade _____

Student: Please give this form along with a stamped envelope addressed to: Veritas Christian Academy, 385 Houses Corner Road, Sparta, NJ 07871, to your teacher or Guidance Counselor.

Teacher/Counselor: The student named above has applied for admission into Veritas Christian Academy. You have been given as a reference. Your candid response to the items on this form will assist VCA in determining how and if VCA can be effective in the student's educational, social and spiritual development.
This information will be held in strict confidence.

PLEASE DO NOT RETURN THIS FORM TO THE STUDENT. MAIL DIRECTLY TO VERITAS IN THE ENVELOPE PROVIDED.

Name of person completing this form: _____

1. How long have you known the student, and in what capacity?

2. Please place a check on the appropriate line to describe the student.

Item	Excellent	Good	Average	Poor	Not Able To Comment
General Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Discipline/Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are you aware of any honors won or unusual achievements accomplished by this student?

Yes No . . . If yes, please elaborate:

4. Are you aware of the student ever having used tobacco, drugs, or alcohol?

Yes No . . . If yes, please elaborate:

5. In terms of the student's intellectual ability:

- I recommend this student.
- I recommend this student with reservations.
- I do not recommend this student.

6. In terms of the student's personal characteristics:

- I recommend this student.
- I recommend this student with reservations.
- I do not recommend this student.

If you recommended the student with reservations in either #5 or #6 above, please explain.

7. Please use this space for any additional comments or information concerning this student.

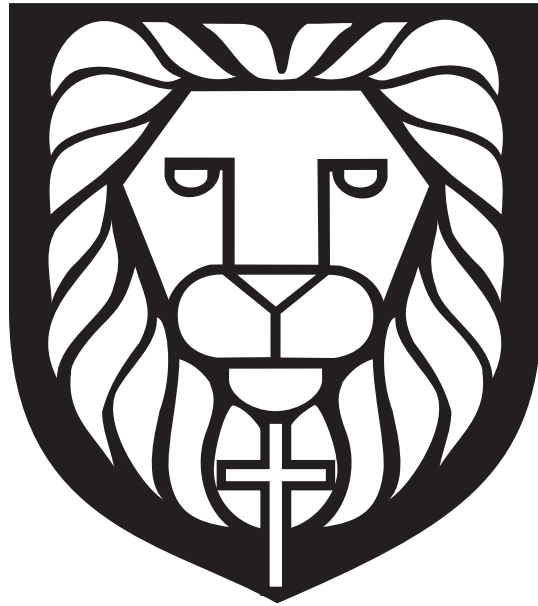
(If you need additional space, please attach additional sheets of paper as needed).

Signature _____ Date _____

Student Name:

VERITAS

CHRISTIAN ACADEMY



Church
Reference



STATEMENT OF FAITH

We believe that the Bible is the inspired, infallible, authoritative Word of God, without error in the original languages. The Bible is, therefore, profitable for doctrine, for reproof, for correction, and for instruction in righteousness (2 Timothy 3:16; 2 Peter 1:20,21).

We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit (Isaiah 45:22; Matthew 28:19; 2 Corinthians 13:14).

We believe in the deity of our Lord Jesus Christ (John 1:14); in His virgin birth (Luke 1:27, 35); in His sinless life (Hebrews 4:15); in His miracles (John 10:25; 20:30); in His vicarious and atoning death through His shed blood (Romans 3:24, 26); in His bodily resurrection (Luke 24:6,7; 1 Corinthians 15:4, 5); in His ascension (Acts 1:9) to the right hand of the Father (Psalm 110:1); and in His personal return in power and glory (Matthew 26:64; 1 Thessalonians 4:16,17; Acts 1:11).

We believe that regeneration by the Holy Spirit is essential for the salvation of lost people (Romans 7:4-6; 2 Corinthians 1:21, 22), and that this salvation is wholly of grace through faith (Ephesians 2:8,9).

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:5-11). The Holy Spirit gives gifts (1 Corinthians 12:4-7; Ephesians 4:11) so that the body of Christ (the church) is enabled to fulfill the Great Commission (Matthew 28:19)

We believe in the resurrection of both the saved and the lost: the saved unto the resurrection of life and the lost unto the resurrection of damnation (1 Corinthians 15; John 5:28, 29; Revelation 20:11-15).

We believe in the spiritual unity of believers through and in our Lord Jesus Christ (1 Corinthians 12:12-27; Ephesians 4:3-6) and in the church which is His body (Ephesians 1:22, 23; Matthew 16:17, 18).

We believe in the sacraments of Baptism (Matthew 28:19) and the Lord's Supper (1 Corinthians 11:23-26).

We believe in the sanctity of marriage (Matthew 19:4-6) and the sanctity of life (Genesis 1:27; Exodus 20:13; Psalm 139:13-16).

We believe that Jesus Christ is the only mediator between God and man (1 Timothy 2:5).

We believe the complete Bible is contained within 66 books and was closed with the Book of Revelation.

(Please print or type)

Student Name: _____ Applying for Grade _____

Parent/Guardian: Please complete the top portion of this form before giving it with a stamped envelope addressed to: Veritas Christian Academy, 385 Houses Corner Road, Sparta, NJ 07871, to your pastor, youth pastor, church elder or deacon.

Family's Church _____ Telephone Number () _____

Street Address _____ City _____ State _____ Zip _____

THE REMAINDER OF THIS FORM TO BE COMPLETED BY CHURCH OFFICIAL

The student named above has applied for admission into Veritas Christian Academy. As a leader of the church that this family attends, your input is important to us. Your candid response to the items on this form will assist VCA in determining how and if VCA can be effective in the student's educational, social and spiritual development. **This information will be held in strict confidence.**

PLEASE DO NOT RETURN THIS FORM TO THE STUDENT. MAIL IT DIRECTLY TO VCA IN THE ENVELOPE PROVIDED.

Name of person completing this form: _____ **Position:** _____

1. As a pastor or church leader, I have known the student and his family for _____ years.

Are the parents/guardians members of your church? Yes No

Is the student a member of your church? Yes No

2. How long has this family fellowshiped with your church? _____ year(s).

3. Is the student active in your youth program? Yes No

4. Are the parents active in your church? Yes No

If yes, please indicate in what capacity: _____

5. Is the student open to Spiritual Instruction?

Yes No If no, please explain:

6. What is your understanding of this family's relationship with God?

7. Are there any matters that you feel would be helpful to this school's administration in evaluating the student's application for admission to VCA? _____

8. Do you recommend this student and family to VCA? Yes No

Additional Comments: _____

I have read the Statement of Faith of Veritas Christian Academy on the second page of this document, and it is consistent with the Statement of Faith of this Church's ministry.

Church Leader Signature _____ Date _____