



For Office Use Only Received	
By: _____	Date: _____
Registration Number: _____	

Enrollment Application

Submit electronically on our website at <http://veritas.teamcfa.school/>
 fax to 704-228-3028, or mail to:
 VERITAS Community School
 2600 Grimes Street
 Charlotte, NC 28206

Student Information					
Full Name	Current Grade	Current School	Current Grade	Date of Birth	Age as of 8/31 of the current school year

Mailing Address:

Street / Apt. # /P.O. Box City State Zip Code

Parent/Guardian 1: First Name: _____ Last Name: _____

Cell #: _____ Home #: _____

Parent/Guardian 2: First Name: _____ Last Name: _____

Cell #: _____ Home #: _____

Primary Email Information: Please PRINT a primary email address to which we can send your Registration Number:

(If you do not have an email address, please write "Send by mail.")

Parent/Guardian Signature: _____ Date: _____

Your signature indicates that your child(ren) reside in the state of North Carolina and are therefore eligible for public school enrollment in this state.

Please contact us at www.veritascommunityschool.com or 980-677-0101.