

Virginia Scholars Academy Registration

There is a non-refundable co-op membership fee of \$50 per family.

Student information:

Name: _____ Gender: _____ Age/DOB: _____

Address: _____

City/State/Zip: _____

Mother's name and phone: _____

Father's name and phone: _____

Student Phone: _____

Email Address: _____

Will your student have siblings in the VSA? (names) _____

Educational Information:

Current Grade level (where applicable): _____ Applying for Grade: _____

Student has been attending (school) : _____

Public _____ Private _____ Homeschool _____

Please indicate what classes your child has taken:

English: How many high school credits? List classes?

History: How many high school credits? List classes?

Indicate Math:

Algebra 1 _____
Algebra 2 _____
Geometry _____
Adv. Math w/ Geom _____
Other: _____

Indicate Science:

Biology _____
Chemistry _____
Physics _____
Other: _____

Other high school elective credit classes, please list:

Previous School Information:

Is your student eligible to return to all previously attended schools? (if no, please explain): _____

Has your student ever been expelled, suspended, reassigned or asked to leave any school for any reason? (if no, please explain): _____

Has your student ever skipped or repeated a grade? (please explain):

Has your student ever been bullied or been disciplined for bullying? (please explain)

Is your student changing schools voluntarily _____ / involuntarily _____

Please explain any relevant information: _____

Medical and other information:

**Please note:*

- The VSA will NOT ask for student vaccination history
- The VSA will NOT request medical testing
- The VSA will NOT ask students to wear masks
- The VSA will NOT take temperatures
- The VSA will NOT ask people to practice social distancing

We appreciate every parent's personal responsibility for the health and wellness of their own family members. We believe people are wise and can make these personal family decisions at their own discretion.

Please list any necessary health information the VSA needs, such as but limited to: diabetes, allergies, medications the student may need:

Has your student been tested for any of the following? (If yes, please give dates):

- Speech/language _____
- ADHD/ADD _____
- Dyslexia _____
- Autism Spectrum Disorder _____
- Learning disabilities _____
- Communication Delay _____
- Occupational Therapy _____
- Neuropsychological Eval _____
- Other _____

Is/has student been under the care of a Psychologist/Psychiatrist? _____

Has your student ever been on an IEP? _____

Has your student ever been on a 504 plan? _____

***Virginia Scholars may NOT be able to accommodate certain plans and it is up to the parent to mitigate their student's needs.

List family doctor and insurance if/where appropriate: _____

*In the event of an emergency (ex. broken arm) VSA will call 911 and will call the parent(s) immediately. Please instruct in written form as to your wishes concerning any special requirements here.

Family Information:

Parents: Please indicate married, separated, guardian, etc., whom does the child live with, include siblings:

Parent Occupation(s): _____

Buss/Employer(s): _____

Who will be responsible for payments made to the VSA? _____

Number of hours per week you are willing to give to supervising, tutoring, or instructing students: (We ask for a minimum of two hours): _____

*We aim to have a minimum of two adults at all time: one teacher, class supervisor, or parent. Some classes maybe conducted over zoom or use other technology with a teacher, in which case, we want a parent present to facilitate the class.

Please list any skills, training, or certification that may benefit the co-op:

Statement of faith:

I believe there is only One God, Creator of all the heavens and the earth, things we can see and things we cannot see. God is Three Persons, indivisible, without hierarchy, absolutely good, absolutely faithful, absolute LOVE, holy and pure, and unique in personality: Father, Son, and Holy Spirit. (Deut 6:4; Col 1:16; Matt 6:9; John 1:1, 14; 2Cor 3:17; Phil 2:6-9.)

Humans are born into a broken and lost world. God the Father loves the world, “for God so loved the *kosmos*” that He gave His only Son” (John 3:16) and sent Jesus Christ into the world to redeem everything that was lost as a result of the Fall of Man through Adam (Gen 2). Jesus is the only way through which men can be saved (Acts 4:12). His earthly incarnate life, blood that was shed, death on the cross, and resurrection are what redeemed the *kosmos*. Everyone who confesses with their mouth, Jesus is Lord and believes in their heart that God raised Him from the dead will be saved (Rom 10:0).

In Christ Jesus, believers are spiritually re-born into a new creation, the old sinful man is gone, the new creation is here (2Cor 5:17). We are brought into the family of God, baptized by the Spirit who comes and fills our hearts, dignifying us with His presence, and gifting us every spiritual blessing (Rom 5:5; 1Cor 1:5, Gal 4:6, Eph5:18).

Both Old and New Testament Scriptures, our sixty-six book Bible, is the inerrant, Holy-Spirit inspired, unchanging Word of God. It is the continuous and unfolding, divinely-given revelation of God to humanity. The Bible is the authority for our lives; all we believe and do. (2 Timothy 3:16-17; 2 Peter 1:21.)

Church Information:

(If applicable) What church are you planted in? _____

Do you attend weekly meetings, bible studies, etc.? _____

How long have you been part of that church family?

Pastors Name: _____

Address: _____

Phone: _____

In your own words, your relationship with Jesus Christ:

References: Where applicable, please provide a pastoral reference. We understand the current state of the church (COVID shaking). Many are closed. Many have required mandates and conformity to the world. Many have left their churches. If no reference can be furnished, we would like to confirm your love for Jesus verbally and further confirm your commitment to the family of God as a whole.

Please have your pastor email romey.ritter@seashorechurch.com with the reference detailing his/her pastoral leadership role and how they know you and your student.

Without a pastoral reference, we would like to make a time to talk, in-person or over the phone. Please email: romey.ritter@seashorechurch.com for this.

By signing below you are affirming that, to the best of your knowledge, all the information provided on this application is true and accurate. And to pay the applicable fees for classes your student enrolls in.

Parent name, signature, and date:

Student name, signature, and date:
