



A program of Seeds of Health, Inc.



Veritas High School
3025 West Oklahoma Avenue
Milwaukee, WI 53215
tel 414.389.5575
fax 414.389.5576

Student Application Form

Student Information:

Current School: _____

Last Name: _____ First Name: _____

Address: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Sex: Male Female

Parent/Guardian 1 Information:

Last Name: _____ First Name: _____

Address: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____

Email address: _____

Parent/Guardian 2 Information:

Last Name: _____ First Name: _____

Address: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____

Email address: _____

(over)

Directions:

1. Please choose two (2) academic teachers (or an administrator and a teacher) and give each of them a Veritas High School form titled “**Confidential Recommendation Form**” to complete. Ask them to return the completed form to Sherry Tolkan at Veritas High School via fax at 414.389.5576, email to stolkan@seedsofhealth.org, or mail to the address below.

I have chosen the following teacher(s)/administrator to recommend me:

Teacher/Administrator

Name: _____

Teacher/Administrator

Name: _____

2. Return this completed form along with your **most recent report card and copies of your MAP, STAR, Wisconsin Forward Exam, or ACT Aspire test results (or the assessment that your school uses)** to Sherry Tolkan at Veritas High School via fax at 414.389.5576, email to stolkan@seedsofhealth.org, or mail to the address below.

The mission of Veritas is to prepare students for post-secondary education success. To this end, a prospective student’s potential to successfully take advantage of Veritas’ unique educational mission is considered as part of the admissions process.

Assessment information will be used only for placement purposes if you are accepted and choose to attend Veritas.

If you have any questions, please call Sherry Tolkan at 414.389.5560.

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