

# VALEO ACADEMY



## ACADEMIC YEAR 2018-2019 NEW STUDENT ENROLLMENT APPLICATION

**Valeo Academy admits new students entering K4 until enrollment reaches pre-determined levels. To apply to Valeo Academy, please submit the following materials:**

- Complete and sign 4-page Enrollment Application.
- A \$100.00 per student, non-refundable enrollment fee (in the event a student is denied admission by the school, fee will be refunded) which will secure the student's placement at Valeo Academy.
- A current immunization record for each child.
- A copy of a Birth Certificate for children entering K4.
- The Parents Pledge of Partnership, signed and dated.
- Financial Policies Agreement
- This application is considered complete once all items have been received. Please mail all materials to:  
**Valeo Academy Admissions – 2500 Beverly Road – Hoffman Estates, IL – 60192-3302**

**Choose one of the following K4 options:**

- Full Time- Monday through Friday 8:15 AM – 3:00 PM \*\* Priority placement is given to Full Time enrollment.
- Part Time A- Monday through Friday 8:15 AM – 11:30 AM
- Part Time B- Monday, Wednesday, and Friday 8:15 AM – 11:30 AM

The enrollment process begins once an application is received along with the \$100.00 enrollment fee and continues until enrollment reaches pre-determined levels. Enrollment acceptance considerations will be determined by all requested information during the enrollment process, and parents and/or students entering K4 may be required to meet with a Valeo Academy staff member prior to acceptance. Acceptance is based on a decision by the admissions committee. Once acceptance is granted, an admissions packet including our Family Handbook will be sent to all Valeo Academy parents. For further information on acceptance procedures, please see the Valeo Academy Admissions Standards.

***Notice of Non-Discrimination policy:** Valeo Academy admits students of any race, color nationality, and ethnic origin to all rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color nationality, age, gender or ethnic origin in administration of its education policies, admissions policies, scholarship and financial assistance policies, and other school*

**VALEO ACADEMY – 2500 BEVERLY RD. – HOFFMAN ESTATES, IL 60192-3302**  
**PHONE: 847-645-9300 FAX: 847-645-3986**

administered programs. Valeo Academy does reserve the right to select students on the basis of academic performance, religious commitment, philosophical compatibility, and willingness to cooperate with the Valeo Academy administration and abide by its policies.

## NEW STUDENT INFORMATION

Please fill out the following information for each child applying to Valeo Academy.

### 1. Name

Date of Birth	(Last)	Age	(First)	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	(Middle.)
Ethnic Origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> 2 or more races							
Name of current school:				District:			
School Address:							
City/State/Zip:							
Grade entering:							
Has this applicant ever had serious discipline problems or been suspended/expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<i>(If yes, please explain on a separate sheet of paper)</i>							
Has applicant ever received an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please indicate where:			
Has applicant ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please indicate grade:			

### 2. Name

Date of Birth	(Last)	Age	(First)	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	(Middle.)
Ethnic Origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> 2 or more races							
Name of current school:				District:			
School Address:							
City/State/Zip:							
Grade entering:							
Has this applicant ever had serious discipline problems or been suspended/expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<i>(If yes, please explain on a separate sheet of paper)</i>							
Has applicant ever received an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please indicate where:			
Has applicant ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please indicate grade:			

### 3. Name

Date of Birth	(Last)	Age	(First)	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	(Middle.)
Ethnic Origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> 2 or more races							
Name of current school:				District:			
School Address:							
City/State/Zip:							
Grade entering:							
Has this applicant ever had serious discipline problems or been suspended/expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<i>(If yes, please explain on a separate sheet of paper)</i>							
Has applicant ever received an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please indicate where:			
Has applicant ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please indicate grade:			

**How did you FIRST hear about us?** (Please check all that apply)

Referred by friend: \_\_\_\_\_

Mail  TV  Radio  Internet  Church  Other: \_\_\_\_\_

### FAMILY INFORMATION

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**Father's Name**

\_\_\_\_\_  
*(Last)* *(First)* *(M.I.)*

Address \_\_\_\_\_  
*(Street Address)* *(Apartment/Unit #)*

\_\_\_\_\_  
*(City)* *(State)* *(Zip Code)*

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Fax Number \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed  Remarried  Single

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**Mother's Name**

\_\_\_\_\_  
*(Last)* *(First)* *(M.I.)*

Address \_\_\_\_\_  
*(Street Address)* *(Apartment/Unit #)*

\_\_\_\_\_  
*(City)* *(State)* *(Zip Code)*

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Fax Number \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed  Remarried  Single

**Student resides with:**

Both Parents  Father  Mother  Other Guardian (*relationship:* \_\_\_\_\_ )

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**Guardian's Name**

\_\_\_\_\_  
*(Last)* *(First)* *(M.I.)*

Address \_\_\_\_\_  
*(Street Address)* *(Apartment/Unit #)*

\_\_\_\_\_  
*(City)* *(State)* *(Zip Code)*

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Fax Number \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

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**Emergency Contact Name:** (other than parent or guardian)

\_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## SPIRITUAL INFORMATION

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**Father:**

Have you received Jesus Christ as Lord & Savior?  Yes  No

Church Currently Attending: \_\_\_\_\_

Pastor: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you attend church at least 3 times per month?  Yes  No

If attending Life Changers: Have you completed Next Steps Discovery 101  Yes (Date attended: \_\_\_\_\_)  No

On which team do you currently serve? \_\_\_\_\_

**Mother:**

Have you received Jesus Christ as Lord & Savior?  Yes  No

Church Currently Attending: \_\_\_\_\_

Pastor: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you attend church at least 3 times per month?  Yes  No

If attending Life Changers: Have you completed Next Steps Discovery 101  Yes (Date attended: \_\_\_\_\_)  No

On which team do you currently serve? \_\_\_\_\_

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Do you have an outstanding tuition balance at Valeo Academy from previous years?  Yes  No  
*(Please note: acceptance will be delayed for those with outstanding balances until balances are paid in full)*

*I have read the policies that Valeo Academy has set forth, and I affirm that the above information is truthful to the best of my knowledge. I understand that Valeo Academy reserves the right to adjust and/or modify course offerings, curriculum selections, class structure, fees, schedule, and/or grade levels depending on final enrollment. I further understand that Valeo Academy also reserves the right to verify my information and that I may be asked for additional information during the re-enrollment process. I agree to the Financial Policies as specified in the Valeo Financial Policies Agreement.*

**Print Name(s)** \_\_\_\_\_

**Father or Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_