



# Hunter Classical Christian School Application for Kindergarten

**635 Manakin Road  
Manakin-Sabot, VA 23103  
Phone: (804) 708-0048**

## **ADMISSIONS CHECKLIST**

*This checklist is provided to assist you in the admissions process.*

\_\_\_ Application Form: Complete and forward to HCCS

\_\_\_ Application fee: \$50 non-refundable fee, accompanies application

\_\_\_ Teacher Recommendation Form: Complete top portion and forward to child's current teacher

\_\_\_ Call (804) 708-0048 to schedule interview/testing time

*Hunter Classical Christian School does not discriminate on the basis of race, ethnic origin, disability, or similar factors.*

**Application for Admission to Hunter Classical Christian School K** Date \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ Male/Female \_\_  
First Middle Last Preferred

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Current Grade \_\_\_\_ Applying for \_\_\_\_  
Month Day Year

	<b>Father</b>	<b>Mother</b>
Name		
Address - Street		
City, State, Zip		
Occupation		
Employer		
Phone - Home		
Phone - Work		
Phone - Cell		
Email		
Marital Status	Married ____ Separated ____ Divorced ____ Widowed ____ Remarried ____	Married ____ Separated ____ Divorced ____ Widowed ____ Remarried ____

If separated or divorced, which parent has legal custody? \_\_\_\_\_

<b>Applicant's Current &amp; Prior Schools</b>	Grade	School	City / State

<b>Applicant's Siblings</b>	Name	Birth Date	Age	Grade	School, if applicable
		____/____/____			
		____/____/____			
		____/____/____			
		____/____/____			

Do you attend church on a regular basis? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child regularly attend Sunday School and/or church worship services? \_\_\_\_\_

Tell us how and when you first heard about HCCS, and please be specific? \_\_\_\_\_

\_\_\_\_\_

Describe your child have previous school or day care experience.

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Describe your child's interests, abilities or achievements.

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What expectations do you have for the education of your child at HCCS?

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Explain the results of any testing for learning disabilities or ADD/ADHD.

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Has your child been diagnosed with any form of sensory integration or language disorders?

No \_\_\_\_\_ Yes \_\_\_\_\_ (*please explain*) \_\_\_\_\_

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Does your child have any special learning or physical needs that were not identified above?

No \_\_\_\_\_ Yes \_\_\_\_\_ (*please explain*) \_\_\_\_\_

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Please provide any additional information that may assist us in the admissions process.

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We/I agree that Hunter Classical Christian School will hold the applying family to be:

1. Solely responsible for all financial obligations incurred by the applying child.
2. In agreement with and supportive of HCCS's statements of philosophy, mission and standards.
3. Forthright and truthful in all information given in this application.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



Hunter Classical Christian School  
635 Manakin Road  
Manakin-Sabot, VA 23103  
(804) 708-0048  
www.huntercds.org

## ***Teacher Recommendation Form for Kindergarten Admission***

### **TO BE COMPLETED BY PARENT OR GUARDIAN:**

Applicant's Name \_\_\_\_\_  
First Middle Last Preferred Name

My son/daughter is applying for admission to Hunter Classical Christian School. I hereby authorize the release of my child's records and evaluative data to Hunter Classical Christian School. I understand this information is confidential and further acknowledge that there is no future liability for Hunter Classical Christian School in the handling of this information.

\_\_\_\_\_  
Signature of Parent or Guardian Date

### **TO BE COMPLETED BY THE CURRENT PRESCHOOL LEAD TEACHER OR CHILDCARE INSTRUCTOR:**

*Please complete this form and return to Hunter Classical Christian School at the above address, or email to [amclean@huntercds.org](mailto:amclean@huntercds.org).*

**DO NOT RETURN THIS FORM TO THE CHILD'S PARENT.**

Name of School \_\_\_\_\_ Teacher's Name \_\_\_\_\_

City, State \_\_\_\_\_ School Phone Number \_\_\_\_\_

Teacher Phone Number or Email Address \_\_\_\_\_ May we contact you? \_\_\_\_\_

Length of time acquainted with student \_\_\_\_\_ (years/months)

At what age level do you teach this student? \_\_\_\_\_

How many days per week does this student attend school? \_\_\_\_\_

How would you describe this student's interactions and relationship with his or her peers?

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During playground or recess time, does this student typically prefer to play with others in a group or play alone?

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How would you describe this student's ability to transition from one activity to another in relationship to others in his or her class?

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Does this student express any prolonged difficulty separating from parents during arrival on a consistent basis?

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How often do the student's decisions result in disciplinary consequences?

\_\_\_\_\_ often \_\_\_\_\_ seldom \_\_\_\_\_ never

Please briefly comment on this student's academic or cognitive development as observed in the classroom setting.

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Please briefly comment on this student's social and emotional development as observed in the classroom setting.

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Is there any additional information regarding this student not addressed above that would assist us in the application process?

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Teacher's Signature

Date