



Hunter Classical Christian School

Application for Grades 1-8

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: \$75 non-refundable fee, accompanies application

___ Records Release Form: Complete top portion and forward to current school

___ 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.

Please evaluate the applicant's academic interests, abilities and strengths.

Describe your child's extracurricular interests, abilities or achievements.

Describe your child's previous school experience.

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

Explain the results of any testing for learning disabilities or ADD/ADHD. If curriculum modification has been necessary or may be desirable in the future for the applicant, please explain.

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

No _____ Yes _____ *(please explain)* _____

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

No _____ Yes _____ *(please explain)* _____

Has your child ever been recommended to take medication for emotional, learning, or attention problems? *If so, please explain.*

Do you have any concerns regarding the applicant's current progress (for example, academic, social, psychological, physical)? *If so, please explain.*

Has an Individualized Education Plan (IEP) ever been written for your child with regard to any special needs? *If so, please explain.*

Has your child ever skipped or repeated a grade in school? *If so, please explain.*

Has your child ever been suspended or expelled from school? *If so, please explain.*

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

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.huntercchs.org

Student Records Release

To the Parent/Guardian: Please fill out the top portion of this form and give it to the Registrar of your child's current school.

Date _____

Student's Name _____
First Middle Last Preferred Name

Address _____
Street City, State Zip

Current Grade _____ Grade Applying to _____ Current School _____

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Hunter Classical Christian School of Manakin-Sabot of all educational records about the above named individual who is applying to Hunter Classical Christian School of Manakin-Sabot, including recommendations and other such information as may be requested.

Signature of Parent/Guardian _____ Date _____

To the Registrar: The above named student has submitted an application to Hunter Classical Christian School. Please mail all the following records to the address below:

- A transcript of the student's records, including grades
- A copy of the student's complete standardized test profile
- A copy of all psychological reports
- A copy of any Individualized Special Education Plans
- A copy of any disciplinary notices
- A copy of student's birth certificate, immunization and health records
- Final report card for Grade _____, _____ Academic Year

Records may also be provided electronically.

Please submit via email to: Kendall Wolfson, School Director, kwolfson@hunterclassicalchristian.org, or mail to:

Hunter Classical Christian School
Attn: Admissions
635 Manakin Road
Manakin-Sabot, VA 23103



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

Teacher Recommendation Form for Admission to Grades 1-8

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 CLASSROOM TEACHER:

Thank you for completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential, and this form is only one element of the student's profile to be used in our enrollment process. Thank you for your thoughtful attention to this request.

Please complete this form and return directly to Hunter Classical Christian School at the above address or email to kwolfson@hunterclassicalchristian.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 _____ May we contact you? _____

How long have you known this child? _____

Are you aware of any independent evaluations for physical, emotional, or academic reasons regarding this student?

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

Please evaluate this child in the areas below in relationship to his/her peers.

	Excellent	Good	Fair	Poor
Achievement and Learning Potential				
Self-motivation				
Study habits				
Organization				
Intellectual curiosity				
Attention span				
Ability to follow directions				
Attendance				
Oral expression				
Written expression				
Reading comprehension				
Math understanding				
Academic promise - overall				
Academic achievement - overall				

Please identify any special needs, including physical, auditory, visual or speech development.

What, if any, special accommodations does this student require in the classroom (i.e. extended time on assignments, sit near the front of the room)

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

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

Has this student had any disciplinary issues? If yes, please explain.

Please evaluate this child in the areas below in relationship to his/her peers.

	Advanced for Age	Appropriate for Age	Needs Development
Social Well-Being			
Emotional maturity			
Sense of responsibility			
Self-confidence			
Leadership			
Consideration for others			
Ability to work in a group			
Ability to work independently			
Integrity			
Social relationship with peers			
Relationship with adults			
Respect for authority			

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

Teacher's Signature

Date