



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: \$75 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

| | Father | Mother |
|------------------|---|---|
| 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? _____

| | Grade | School | City / State |
|--|-------|--------|--------------|
| Applicant's Current & Prior Schools | | | |
| | | | |
| | | | |

| | Name | Birth Date | Age | Grade | School, if applicable |
|---------------------------------|------|-------------------|-----|-------|-----------------------|
| Applicant's Siblings | | _____/_____/_____ | | | |
| | | _____/_____/_____ | | | |
| | | _____/_____/_____ | | | |
| | | _____/_____/_____ | | | |

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's previous school or day care experience.

Describe your child's interests, abilities or achievements.

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.

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*) _____

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.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 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 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?

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

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

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

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.

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

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

Teacher's Signature

Date