

# RECORDS REQUEST

To (name of school)	
Attn:	Fax:
This is to request a copy of the records of for the academic y this student's records through the most recent grading period as separate records request will be made upon enrollment.	rear Please send a copy of
Records should include:	
Grades and written teacher comments	
Achievement and aptitude test results	
Proficiency test results	
IEP or any other accommodation plans	
Attendance and disciplinary records	
Immunizations	
Send School Records to:  Cincinnati Hills Christian Academy Office of Admission 8283 East Kemper Rd.  Cincinnati, Ohio 45249  admissions@chca-oh.org  513-247-9944, ext. 213  Fax: 513-247-0950	
It is the policy of Cincinnati Hills Christian Academy that all info admission is kept confidential. Only authorized school personnel h relevant to admission and placement decisions.	
Thank you for your assistance.	
Permission to Relea	se Records
This is to certify that I/we authorize the release of a copy of my Academy to be used as a part of the admissions process.	our child's records to Cincinnati Hills Christian
Signature of Parent/Guardian	Date



Name of Applicant\_



## PRINCIPAL/COUNSELOR RECOMMENDATION

Mail, fax or email the completed form directly to:

CHCA Admissions | 8283 East Kemper Road, Cincinnati Ohio 45249 | admissions@chca-oh.org | Fax: 513.247.0950

Applying to grade \_

To the Parent:  I/We give permission for the principal/collaboration also permit CHCA to contact the principer recommendation and will not be disclose	al/counselor with	any additional ques	tions. I/We understo		
Parent Signature		Principal/	Counselor's name		
Principal/Counselor's Email Address _					
To the Principal or Counselor: Thank you for taking the time to comple this candidate. The information you pro applicant's parents. This information is	vide will be kept	in confidence and v	vill not be shared, d	irectly or indirectly,	with the
lame of person completing this form: _			Title:		
CHCA values a mutually supportive family and their involvement in you	•	relationship. Pleas	e comment on yo	ur experience with	the applicant's
2. Regarding parents:					
Cooperation with faculty: Expectation for student: Involvement in child's education:		_ Always _ Realistic _ Appropriately	Unrealis	tic L	Jnknown
3. Has this student ever had a disciplin	ne problem? If y	es, please describe	the circumstance	?S.	
<ul><li>4. Has this student ever been suspend</li><li>5. Are you aware of any family circums</li></ul>	·			inces.	
I recommend this student:	Not at all	With reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					
Overall					

Name of Applicant:		
Name of Applicant		

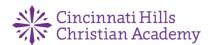
6.	Is there information about the applicant that would be better communicated by telephone? If yes, please provide your
	contact number, or call our Admissions Office at 247-9944, ext. 213.

7. If given the chance, would you admit this student to your school?

8. Additional comments:

Thank you for the time and care you have taken in completing this form.

Name of Applicant:



### TEACHER RECOMMENDATION

(applying to grades PK-K)

### Mail, fax or email the completed form directly to:

CHCA Admissions | 8283 East Kemper Road, Cincinnati Ohio 45249 | admissions@chca-oh.org | Fax: 513.247.0950

Name of Applicant	Applying to grade
	rurn it directly to Cincinnati Hills Christian Academy. I/We also permit e understand that this is a confidential teacher recommendation and onnel.
Parent Signature	Teacher's name
Teacher's Email Address	
to ensure a comprehensive consideration of the applicant. The	on. A complete report from the applicant's current school is essential information you provide will be kept in confidence and will not be ASE DO NOT RETURN THIS FORM TO THE APPLICANT.
1. Please share what brings this child joy in the classroom.	
2. Please share what frustrates this child.	
3. CHCA values a mutually supportive parent-school relationand their involvement in your school.	onship. Please share your experience with the applicant's family
4. To your knowledge, does the school's understanding of th perception?	e child's strengths and challenges match the parent's/guardian's
5. Please describe this child's adjustment to the school envir	onment.
6. Does the applicant have any special learning needs that yo	ou have observed? If yes, how are they being addressed?

7.	'. Please indicate if the student is receiving gifted services, e	enrichment, or if he/she is currently on an IEP, 5	04 or other type
	of accommodation plan.		

8. Are you aware if the applicant is currently receiving services or being treated for any of the following? (check all that apply):
Learning disabilities Language processing Attentional issues Emotional difficulties
Does this affect the applicant in the classroom setting? If so, please explain.

Cognitive Skill Development	Still Developing	Age Appropriate	Exceeds Age Expectations	Comments
Ability to follow directions				
Ability to focus on a task				
Speech and Language skills				
Writing skills				
Ability to express thoughts and ideas				
Vocabulary				
Listens in a group				
Mathematical concepts				
Ability to solve problems				
Demonstrates curiosity				
Attention span				
Completes tasks				

Physical Development	Still Developing	Age Appropriate	Exceeds Age Expectations	Comments
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				

Name of Applicant:		ì	I	Teacher Recommendation, Grades PK-K
Social/Emotional Development	Still Developing	Age Appropriate	Exceeds Age Expectations	Comments
Ability to relate to peers				
Ability to relate to adults				
Ability to work independently				
Ability to work in a group				
Cooperates in play				
Demonstrates self-control				
Tolerance level for frustration				
Ability to make transitions				
Ability to initiate activities				
Use of imagination				
Accepts limits/routines				
Ability to share				
Uses materials purposefully				
Separates from parent				

Is this student toilet trained?	Yes	No
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#### Please circle the words that describe this student:

Adaptable	Easily Distracted	Cheerful	Anxious	Distracting	Withdrawn	Persistent
Confident	Impulsive	Shy	Helpful	Talkative	Inquisitive	Self-disciplined
Well-liked	Disobedient	Manipulative	Caring	Kind	Aggressive	Over-protected
Positive leader	Disrespectful	Curious	Demanding of teacher's time		Other:	

I recommend this student:	Not at all	With reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					
Overall					

Thank you for the time and care you have taken in completing this form. If there is any additional information that could be better conveyed in a phone conversation, please feel free to call the Admissions Office at 247-9944, ext. 213.