



RECORDS REQUEST

To (name of school) _____

Attn: _____ Fax: _____

This is to request a copy of the records of _____ who has applied to Cincinnati Hills Christian Academy for admission to grade _____ for the academic year _____. Please send a copy of this student's records through the most recent grading period as they are needed for admission purposes at this time; a separate records request will be made upon enrollment.

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
140 West Ninth Street
Cincinnati, Ohio 45202
admissions@chca-oh.org
513-247-9944, ext. 401
Fax: 513-721-3300

It is the policy of Cincinnati Hills Christian Academy that all information received regarding a candidate's application for admission is kept confidential. Only authorized school personnel have access to this information and only to the extent it is relevant to admission and placement decisions.

Thank you for your assistance.

Permission to Release Records

This is to certify that I/we authorize the release of a copy of my/our child's records to Cincinnati Hills Christian Academy to be used as a part of the admissions process.

Signature of Parent/Guardian

Date



PRINCIPAL/COUNSELOR RECOMMENDATION

Mail, fax or email the completed form directly to:

CHCA Admissions | 140 West Ninth Street, Cincinnati, OH 45202 | admissions@chca-oh.org | Fax: 513.721.3300

Name of Applicant _____ Applying to grade _____

To the Parent:

I/We give permission for the principal/counselor to complete this form and return it directly to Cincinnati Hills Christian Academy. I/We also permit CHCA to contact the principal/counselor with any additional questions. I/We understand that this is a confidential recommendation and will not be disclosed to anyone other than authorized CHCA personnel.

Parent Signature _____ Principal/Counselor's name _____

Principal/Counselor's Email Address _____

To the Principal or Counselor:

Thank you for taking the time to complete this recommendation. Your candid, professional opinion is extremely helpful in evaluating this candidate. The information you provide will be kept in confidence and will not be shared, directly or indirectly, with the applicant's parents. This information is for admissions use only and will not be part of the student's permanent record.

Name of person completing this form: _____ Title: _____

1. CHCA values a mutually supportive parent-school relationship. Please comment on your experience with the applicant's family and their involvement in your school.

2. Regarding parents:

Cooperation with faculty:	___ Always	___ Sometimes	___ Never
Expectation for student:	___ Realistic	___ Unrealistic	___ Unknown
Involvement in child's education:	___ Appropriately	___ Rarely	___ Overly

3. Has this student ever had a discipline problem? If yes, please describe the circumstances.

4. Has this student ever been suspended or expelled? If yes, please describe the circumstances.

5. Are you aware of any family circumstances that affect this student at school?

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

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. 401.

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.



TEACHER RECOMMENDATION

(applying to grades 1-4)

Mail, fax or email the completed form directly to:

CHCA Admissions | 140 West Ninth Street, Cincinnati Ohio 45202 | admissions@chca-oh.org | Fax: 513.721.3300

Name of Applicant _____ Applying to grade _____

To the Parent:

I/We give permission for the teacher to complete this form and return it directly to Cincinnati Hills Christian Academy. I/We also permit CHCA to contact the teacher with any additional questions. I/We understand that this is a confidential teacher recommendation and will not be disclosed to anyone other than authorized CHCA personnel.

Parent Signature _____ Teacher's name _____

Teacher's Email Address _____

To the Teacher:

*Thank you for taking the time to complete this recommendation. A complete report from the applicant's current school is essential to ensure a comprehensive consideration of the applicant. The information you provide will be kept in confidence and will not be shared, directly or indirectly, with the applicant's parents. **PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.***

1. What are the applicant's strengths (both academic and behavioral)?

2. What are the applicant's challenges (both academic and behavioral)?

3. To your knowledge, does the school's understanding of the child's strengths and challenges match the parent's/guardian's perception?

4. Regarding parents:

Cooperation with faculty:	___ Always	___ Sometimes	___ Never
Expectation for student:	___ Realistic	___ Unrealistic	___ Unknown
Involvement in child's education:	___ Appropriately	___ Rarely	___ Overly

5. CHCA values a mutually supportive parent-school relationship. Please share with us your experience with the applicant's family and their involvement in your school.

6. 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.

7. Does the applicant have any special learning needs that you have observed? If yes, how are they being addressed?

8. Please indicate if the student is receiving gifted services, enrichment, or if he/she is currently on an IEP, 504 or other type of accommodation plan.

Academic Qualities	Below Average	Average	Good (above average)	Excellent (top 10% this year)	One of the top few I have ever encountered	No basis for judgment
Reading comprehension						
Oral expression						
Written expression						
Knowledge and accuracy of the basic math skills						
Ability to reason abstractly						
Problem solving ability						
Self motivation, effort						
Study habits, organization						
Ability to work independently						
Ability to work in a group						
Ability to seek help when needed						
Intellectual curiosity						
Class participation						
Quality and timeliness of homework						
Academic achievement (as compared to potential)						

Personal Qualities	Below Average	Average	Good (above average)	Excellent (top 10% this year)	One of the top few I have ever encountered	No basis for judgment
Honesty/integrity						
Peer compatibility						
Concern for others						
Sense of humor						
Emotional stability						
Maturity (<i>relative to age</i>)						
Relationship with teacher(s)						
Respect for authority						
Responsibility						
Self-confidence						

Please circle the words that describe this student:

Confident	Leader	Anxious	Well-liked	Curious	Creative	Positive Influence
Follower	Honest	Helpful	Self-disciplined	Manipulative	Shy	Easily discouraged
Organized	Assertive	Social	Responsible	Distractible	Sensitive	Negative Influence
Lazy	Motivated	Over-protected	Articulate	Wholesome	Conscientious	Distracting
Disobedient	Resilient	Self-centered	Cynical	Disrespectful	Perfectionist	

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. 401.