



Chapel Hill Christian School

Academic Excellence with a Christian Foundation

“Those who hope in the Lord will renew their strength.
They will soar on wings like eagles;
they will run and not grow weary, they will walk and not be faint.”

Isaiah 40:31



NORTH CAMPUS

1090 Howe Avenue

Cuyahoga Falls, OH 44221

330-929-1901 Fax: 330-929-1737

SOUTH CAMPUS

1639 Killian Road

Akron, OH 44312

330-896-0852 Fax: 330-896-9918

CHCSEAGLES.ORG

APPLICATION FOR ADMISSION



Chapel Hill Christian School APPLICATION FOR ADMISSION

North Campus

South Campus

Date received _____

STUDENT INFORMATION

Grade Entering: _____ PS/PK ONLY: Full-day 5-day 3-day OR Half-day 5-day 3-day School Year: _____

Last Name: _____ First Name: _____ Middle Name: _____ Name Used: _____

Birth Date: ____/____/____ Age: _____ Birthplace: City: _____ State: _____

Street Address: _____ Social Security #: _____

City: _____ State: _____ Zip Code: _____

Sex: Male Female Ethnic Heritage (*required for State of Ohio reporting purposes only*):

African-American American Indian Arabic Asian Caucasian Hispanic Indian Middle Eastern Multi-Racial Other

Public School District: _____ County: _____

Current School: _____ # of years: _____ Principal: _____

School Address: _____ Phone: _____

FAMILY INFORMATION

Father/Guardian's Last Name: _____ **Title:** _____ **First Name:** _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Position: _____

Work Phone: _____ Ext: _____ Email: _____

Legal Relationship to Student: _____ Lives with Student? Yes No

Mother/Guardian's Last Name: _____ **Title:** _____ **First Name:** _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Position: _____

Work Phone: _____ Ext: _____ Email: _____

Legal Relationship to Student: _____ Lives with Student? Yes No

Parents are: Married Separated Divorced Never Married Father Deceased Mother Deceased

If student is not living with both parents, would non-custodial parent/guardian like to receive mailings from the school? Yes No

Non-custodial parent/guardian: Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

If not with parents/guardian, student lives with: _____

Names of siblings, ages, school they attend: _____

CHCS would like to communicate with your student's grandparents regarding special school events. Please complete the following:

Name and Address: _____ Email: _____



Chapel Hill Christian School

NEW STUDENT/PARENT INFORMATION FORM

(To be completed for all students)

Language spoken in the home: _____

Has there been anything unusual in the home or the family situation which you think may have affected the student? (divorce, family death, unusual family illnesses, frequent moves, etc.) _____

Does the student have his/her own electronic device(s)? Yes No Type of device(s): _____

How are the devices monitored? _____

What TV or radio shows does the student enjoy? _____

How much time does the student spend watching TV, playing video games, or listening to music per week? _____

Does the student attend movies? Yes No What type of movies? _____

Does the student enjoy books? Yes No Is the student being read to? Yes No How often? _____

Does the student take music lessons? Yes No If yes, what instrument? _____

Any other special interests? _____

Are there any special problems at home related to eating, sleeping, fears, temper, speech, nervous habits, dishonesty, jealousy, etc.?

Please explain: _____

Any disabilities which require special help? _____

Auditory Visual Speech IEP 504 Other? _____

Is the student under treatment for any special conditions? _____

What type of discipline/punishment do you use in the home? _____

How frequently? _____ Do you feel it is effective? _____

What resources do you use to help you with problems related to parenting? _____

What is the student's attitude toward starting school this year? _____

What do you want your child to gain from their Christian school experience? _____

Are you willing to cooperate with the teacher in the Biblical lessons the child should learn? _____

To be Completed for Preschool, Pre-Kindergarten, and Kindergarten Students Only

Is this student: right-handed left-handed or ambidextrous ?

Has the student's development been delayed in any way, i.e. walking, talking, making wants known, etc.? _____

Has the student had previous school or play class experience? Yes No Where? _____

Student's usual bedtime: _____ Does he/she go to sleep promptly? _____

Usual morning wake up time: _____ Does he/she take a nap? Yes No Times: _____

Can student put on coat and boots? Yes No

Tie his/her own shoes? Yes No

Take care of toilet needs? Yes No

To be Completed by All Parents

What questions would you like to discuss with the principal? _____

What do you consider your role to be in your child's education? _____

Do you intend for your child to remain at CHCS through sixth grade? Yes No If no, please explain: _____

ADMISSION INFORMATION

School attended last year: _____

Address of school: _____

Reason for leaving school: _____

Have all financial obligations been fulfilled at the school listed above? Yes No

Has any grade been repeated? Yes No If yes, which grade? _____ For what reason? _____

Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? Yes No

Your application submission must include the following:

- Application Fee (checks made payable to CHCS)
- Completed Application Form
- Pastoral Reference Form
- Copy of Birth Certificate
- Copy of Immunization Records
- Copy of most recent Report Card and IEP/Service Plan if applicable

Father/Guardian's Signature: _____ Date: _____

Mother/Guardian's Signature: _____ Date: _____

Chapel Hill Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally available to students at the school.

Office Use ONLY:

Ck # _____ OR Unpaid Amount \$ _____ Date: _____

Sibling(s): Yes No

Completion of CHCS Entrance Exam Test Date: _____

Administrative Interview Date: _____

Signed Parent Covenant

Date Accepted: _____



Chapel Hill Christian School

PASTORAL REFERENCE

TO BE COMPLETED BY THE FAMILY

Parent/Guardian Name(s): _____ Date: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Church Name: _____ Pastor: _____

Denomination: _____ My family and I have attended this church since: _____

My family and I regularly attend: Sunday School Saturday/Sunday Evening Worship
 Sunday Morning Worship Mid-Week Service/Program

TO BE COMPLETED BY A PASTOR OR CHURCH STAFF

The above family has applied to Chapel Hill Christian School. **Prior to their acceptance**, we would appreciate your input regarding the spiritual commitment of this immediate family.

Do you personally know the family? Yes No

Are members of the family active in the church? Yes No

If yes, please explain: _____

Do you believe that this family would support CHCS and its commitment to education based on a biblical world view?

Yes No Uncertain

Based on your personal knowledge of this family and your understanding of the mission statement of CHCS, would you recommend this family to us? (See *mission statement below*): Yes No

Why? _____

Signature

Print Church Staff Name and Title

Church Address: _____

Church Phone: _____

Chapel Hill Christian School Mission Statement:

Love... Learn... Launch... Christ's greatest commandment (Mark 12:30-31) for Christ's Great Commission (Matthew 28:18-20)

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