

Charity Christian Academy Application

3706 W. 7th Ave
Hutchinson, KS 67501

Email: ktaylor@charitychristianacademy.org

Application Date _____

Student's Full Name _____ Birth Date _____

Social Security Number (if available) _____ Grade _____

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____

Country (If not USA) _____

Home Phone _____ Work Phone _____

Parent's Email Address (required) _____

Parents' Occupation (Mother) _____

(Father) _____

List all previously attended schools (public, private, and homeschool) and grade:

School Name	Address	City	State	Zip	Grade(s)

Please list the dates that any academic testing has taken place. Dates _____

Are these test results available? Y/N

Are there health issues involved? Y/N If yes, please explain. _____

Has your child experienced any trauma before, during, or after birth (examples: temporary loss of oxygen during birth, mother’s illness affected unborn child, bicycle accident, and so forth)? _____

If yes, please explain. _____

The purpose of your application (check one): _____enrollment _____consultation only

How did you hear about Charity Christian Academy? _____

Academic Questionnaire: Grades K-8

Child's complete name: _____

Birth Date: _____

1. In what grade level is your child this school year? "She/He is in the _____ grade in this school year: 20____"

2. Who will be the primary educator for this child? _____

3. **This is an optional question; answer it only if you desire accommodations or services.**
 Has a qualified professional diagnosed your child as learning disabled? Yes No
 Describe the basis for that diagnosis (ex. testing). _____

4. **This is an optional question; answer it only if you desire accommodations or services.**
 If your child has any special medical conditions or disabilities, please attach a written statement that includes what the condition is and what professionals feel would be the best educational approach for your child. Also, include a list of medications that your child is on especially any for ADD, ADHD, depression, anxiety, and seizures.

5. **This is an optional question; answer it only if you desire accommodations or services.**
 Is your child receiving special education help in any form including physical therapy or speech therapy? Yes No
 Please Describe. _____

6. Does your child have special talents, hobbies, or interests? Describe here. _____

7. How does your child feel about learning? In addition, how does your child feel about school? _____

8. List your child’s strengths and weaknesses on a separate sheet of paper and attach to this sheet.
(Example: loves to read or hates outdoor playtime).

9. Please, list resources (encyclopedias, videos, public library, etc.) readily available to you and your child.

Curriculum

Language Arts

1. Do you read to your child daily? Yes No
Does your child enjoy listening? Yes No

2. Is your child able to name all the letters of the alphabet? Yes No
If not, which letters is your child unable to name? _____

3. Did your child receive phonics instruction? Yes No

If so, please list the name of the phonics program that you used to teach your child. _____

4. Does your child frequently guess at words while reading? Yes No
5. Is your child able to use phonics skills when faced with an unknown word? Yes No
6. Is your child able to read independently at his/her grade level? Yes No
7. When did your child begin reading independently? _____
8. Does your child have a love of reading or does she/he consider it a chore to read? _____

9. Does your child understand new concepts, whether your child is being read to or is independently reading? Yes No
10. Is there a family history of poor spelling? Yes No
11. Do you think your child has difficulty in the areas of reading or spelling? Yes No
If yes, please explain here. _____

12. Does your child have the ability to speak using complete sentences? Yes No
13. Is there a family history of this problem? Yes No
14. Does your child prefer to dictate stories rather than write them? Yes No
15. Does your child consider printing a chore? Yes No

16. Does your child know cursive yet? Yes No
17. Please, enclose a sample of your child's writing, including having him/her write her name. Use lined paper.
18. Do you have a computer? Yes No
If yes, is it IBM compatible or Apple? _____
19. Do you have access to a DVD Player? Yes _____ No _____

Mathematics

1. Please, check each item that your child can do easily (with no difficulty or help)
- _____ Recognize shapes (name them).
 - _____ Match shapes, especially circle, square, and triangle.
 - _____ Compare shapes.
 - _____ Count to 50. _____ Count to 100.
 - _____ Read digital and analog ("round") clocks.
 - _____ Read a calendar.
 - _____ Recognizes, names, counts coinage and paper money.
 - _____ Is able to figure passage of time on a clock.
 - _____ Use a ruler
 - _____ Uses a computer for math (games, educational programs)
2. Is your child able to feel comfortable using mathematical concepts in real life? Yes No
(Ex., cooking, counting, reading a thermometer, shopping)
3. Is the educator comfortable with teaching mathematics? Yes No
If no, please explain. _____
4. Do you think your child has difficulties in mathematics? Yes No

If yes, please explain. _____

5. Is there a family history of difficulty in mathematics? Yes No

If yes, please explain. _____

Science

1. What area(s) especially interests your child? Check all that apply.

- _____ Animals
- _____ Archeology
- _____ Astronomy
- _____ Building (construction)
- _____ Chemistry
- _____ Geology
- _____ Health
- _____ The human body
- _____ Human growth and development
- _____ Insects
- _____ Oceanography
- _____ Plants
- _____ Oceanography