



Christian Heritage School

575 White Plains Road Trumbull, CT 06611
Tel 203.261.6230 Fax 203.452.1531 www.kingsmen.org

Education Summary

For Home Schooled Applicants

Name of Applicant: _____ Entering Grade: _____

Address: _____ Phone: _____

Christian Heritage School warmly welcomes applicants from a variety of educational backgrounds, including those who have been home schooled. Our unique, nurturing, and family-friendly culture has provided an excellent transition for home educated students for many years. Please complete and return this form as the information provides valuable insight in evaluating and placing students.

When did you begin home schooling your child (grade/date)? _____

Did he/she attend a school at anytime during his/her formal education? If so, when and where? _____

What factors led you to decide to home school (e.g. issues of school fit, personal/religious beliefs, financial)? _____

Please list names and ages of siblings also being home schooled: _____

Which subjects were taught and what teaching materials (curriculum, literature, program) were used? (use separate page if needed)

Check the word(s) that best describe your child:

- | | | | | | |
|-------------------------------------|---|--------------------------------------|--|--|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Conscientious | <input type="checkbox"/> Happy | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Organized | <input type="checkbox"/> Self-centered |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Helpful | <input type="checkbox"/> Mature | <input type="checkbox"/> Over-protected | <input type="checkbox"/> Self-disciplined |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Honest | <input type="checkbox"/> Melancholy | <input type="checkbox"/> Positive Leader | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Follower | <input type="checkbox"/> Influential | <input type="checkbox"/> Motivated | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Social |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Godly | <input type="checkbox"/> Irritable | <input type="checkbox"/> Negative Leader | <input type="checkbox"/> Responsible | <input type="checkbox"/> Well-liked |

What frustrates your child? _____

Comments: We would appreciate additional comments and observations concerning your child's abilities, personal qualities and special interests. We welcome any other information you think might be helpful in our understanding of him/her. _____

Please describe your desired involvement with the school in the education of your child. _____

How is your child's progress evaluated? How often? Are syllabuses, grades, and/or evaluation summaries available? _____

Did your child ever take any standardized testing? No Yes – please enclose results.

Please list any other resources utilized (co-operatives, museum classes, enrichment classes in the arts, sports teams) _____

Has your child ever been referred for or received special education testing or accommodations? Yes No
(Please enclose copies of related records.)

Signature: _____ Date: _____

Please return this form to the admissions office. It is needed to complete and process your child's application.