



CHURCH HILL ACADEMY

Academics * Character * Community

New Student Application 2018-2019 School Year

Church Hill Academy is a private, faith-based high school for youth ages 14-19. New students live in the Armstrong High School district and are looking for a different high school setting. Each of our new students should have a strong desire to work hard, achieve academic success, develop their character, serve their community, and graduate high school.

This year we have a limited number of student spaces available based on a student's completed courses, grade level, and/or educational needs.

We are a part of Church Hill Activities and Tutoring (CHAT), a nonprofit organization with 501(c)3 status dedicated to serving the youth of the East End of Richmond and equipping them with the heart, head, and hands to make transformative life decisions.



Church Hill Activities & Tutoring, Inc.
www.chatrichmond.org

**Church Hill Academy is located at Carlisle Avenue Baptist Church
Please return your completed application and a non-refundable \$25 deposit here:
2010 Carlisle Avenue, Richmond, VA 23231
Early application due date: March 30th, 2018
Final application due date: April 20, 2018**

*School Phone: 804.222.8760. Application **due no later than April 20**
www.churchhillacademy.org*

New Student Admission Process 2018-2019

1. RETURN COMPLETED APPLICATION by FRIDAY, MARCH 30.

All potential new students must return this application and a \$25 nonrefundable fee:

By mail, to Church Hill Academy,
% Carlisle Avenue Baptist Church,
2010 Carlisle Avenue
Richmond, VA 23231

In person, 7:30 a.m.-3:30 p.m. Monday-Friday to 2010 Carlisle Avenue. *Please use the church's Randall Avenue entrance.*

Contact Karen Holland with questions, 804.222.8760 or karen.holland@churchhillacademy.org

Applications must be received no later than Friday, April 20 along with a non-refundable \$25 deposit

2. SUBMIT A WRITING SAMPLE

Applicants are asked to choose their favorite writing assignment from the current school year and submit it with their application.

3. VISIT

Please contact Principal Hope Walker at 222.8760 or hope.walker@churchhillacademy.org to arrange for a school visit. We would love to give you a tour! Visiting the school is highly recommended but not required for a new student.

4. INTERVIEWS

All student applicants, and at least one parent or legal guardian, must come for an interview. **Interviews will be held from 4-6 PM on Thursday, April 26 and Tuesday, May 1.** Students and parents need to attend only ONE of these interview nights. Students and parents come together but will have separate interviews. *If you cannot attend any of these dates, please contact Karen Holland at 804.222.8760.*

- At the interview, each applicant's parent will need to provide:
 - Applicant's health or behavioral records (including probation reports)
 - Applicant's immunization records and health insurance information
 - Applicant's birth certificate
 - Applicant's Social Security number
 - Applicant's Individualized Education Plans (IEP) or 504 plans, if applicable
- Any remaining income verification information

5. ACCEPTANCE

Admission decisions should be completed by May 11, 2018. Students will be contacted by phone and by letter. CHA's admission decisions are based on the following factors:

- Does the student currently live in the East End of Richmond?
- How many spots are available?
- Application information (including a writing sample)
- Interviews
- Participation in CHAT programs or family members already at CHA
- Belief by staff that we can serve the student's academic and behavioral needs.

School Phone: 804.222.8760. Application **due no later than April 20**
www.churchhillacademy.org



Academics + Character + Community

What is Church Hill Academy?

We are a very small, private, Christian, nonprofit high school serving youth who live in the East End of Richmond. **The mission of Church Hill Academy is to equip our students to achieve academic success, develop their character, and serve their community.**

What is expected of Church Hill Academy students?

Academy staff believe Church Hill Academy students are intelligent, responsible and motivated young men and women. We expect each student to strive to achieve our mission for academic excellence, character development and service to their community.

1. **Academic Excellence = Perseverance** Perseverance is continuing to try even when something is difficult. We expect Academy students to always keep trying to learn, mature and grow.
2. **Character Development Excellence = Progress** Progress is moving forward towards a goal. We expect Academy students to appropriately handle their concerns and exhibit the self discipline necessary to develop their character.
3. **Community Excellence = Serving** Service is willingly helping someone else without expectation of any reward. We expect Academy students to serve their fellow classmates, teachers, and greater East End community.

How does Church Hill Academy compare to a public high school?

Church Hill Academy offers one-on-one attention to each student. Our classes average 5 students per one teacher. Our top priority is responding to the academic needs of our youth, reducing the area's dropout rate, and preparing our students for success in the workplace and community. Students should expect homework in most classes. Developing personal character and serving others is crucial. Christian prayer and chapel are a part of our school schedule, but students are not required to be or become Christians. We offer all the classroom instruction necessary to fulfill Virginia's graduation requirements and follow Virginia's course curriculum outlines. Students at CHA do not take Standards of Learning exams. By working together with parents and mentors, we equip students to become leaders in their school, home, workplace and community.

What is the cost to attend Church Hill Academy?

Church Hill Academy asks each parent to contribute a yearly fee of \$100 to attend CHA. This amount can be paid in full or in monthly installments throughout the school year. Our low fees are possible because an average amount of \$20,000 per student is paid by private donations from churches, individuals, and businesses. All students and staff are expected to participate in activities related to school fundraising.

If no, please provide a written explanation of any special situations and attach to the application.

3) Family Income Information

PLEASE ATTACH PRIMARY PARENT/GUARDIAN'S 2017 INCOME INFORMATION

Note: More income information may be requested at the interview.

4) Emergency Contact (non-parent):

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

5) Medical Information:

Insurance Company: _____ Policy or Group Number: _____

Will this student have active medical coverage July 1, 2018 - June 30, 2019? ___yes ___no

Please bring the applicant's insurance card to the interview.

Primary Care Doctor Name: _____ Phone: _____

Has this student ever received counseling services or mental health treatment? (for example, outpatient counseling, in home counseling, residential treatment, Therapeutic Day Treatment (TDT) services, therapy, treatment related to substance abuse, and/or hospitalization for mental health issues) ___Yes ___ No.

If yes, provide all contact information:

Doctor Name: _____ Phone _____

Facility Name and Location: _____

6) Behavior Information:

Has this student had any issues with authority, including law enforcement officials, truancy, school security, or school administration? (for example: in school suspension/ISS, out of school suspension/OSS, juvenile detention, probation, expulsion from school) ___Yes ___No If yes, provide all contact information:

School Administrator: _____ Phone: _____

and/or

Social Worker Name: _____ Phone: _____

and/or

Court Official/Probation Officer: _____ Phone: _____

and/or

Other Official: _____ Phone: _____

7) Academic History:

Has this student ever received services from a Special Education/Exceptional Education Department (either in the form of an Individualized Education Plan/IEP or 504 plan) or at any time been evaluated for services? ___Yes ___ No

If yes, please bring all relevant information to the interview.

Student's current grade level _____

Name of school currently attending: _____

Has this student ever repeated any grade? ___Yes ___No

Additional Schools Attended:

High Schools	Grades Attended	How well did you do academically?
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_____	_____	_____
_____	_____	_____

Middle Schools	Grades Attended	How well did you do academically?
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_____	_____	_____
_____	_____	_____

8) Parent(s)/Guardian(s): In the space below, please describe concerns you have regarding your student's learning needs and issues.

Church Hill Academy admits students of any race, color, sexual orientation, and national or ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to the students at this school. Church Hill Academy does not discriminate on the basis of race, color, sexual orientation, or national origin in the administration of its educational policies and other school administrative programs.

Church Hill Academy staff make every effort to accommodate implementation of IEPs and 504 plans. However, we are not required nor mandated to do so. Based on a student's learning needs we may not be able to accept or provide continued admission.

Church Hill Academy provides access to professional counselors. However, we are not equipped nor mandated to serve students with significant mental, emotional, psychological, physical, behavioral or substance abuse issues. We also do not have a nurse on site and may not be able to administer medication.

Based on the severity of any issues listed above we may not be able to accept or provide continued admission.

For this application to be considered complete, all information must be completed and returned with the following attached:

- 1) Income information, specifically a copy of parent/guardian's most recent federal tax return (form 1040). If this is not available, we may also accept Social Security Agency information indicating assistance received over the previous months and/or a letter of explanation with regard to the financial provision for the student. *Note: Income information is required to determine student eligibility to receive an Educational Improvement Scholarship from the Commonwealth of Virginia.*
- 2) \$25 nonrefundable deposit
- 3) Student submission of a writing sample (about 500 words) from the current school year

Failure to provide all necessary information or to provide honest answers may result in non-admission.

I give permission for all applicant information to be reviewed by the Church Hill Academy Team.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Church Hill Academy
Authorization for Release of Information (Non-Medical)

I, _____ (student), hereby authorize any agency, public or private, including all schools, courts, or any person, to release any information they may have concerning me or my background to the Church Hill Academy Team.

The Church Hill Academy Team considers my parent/guardian to be part of the team.
As such, _____ (parent/guardian) gives permission for records to be released to the Church Hill Academy Team.

This authorization for release of information shall include any information as it relates to my school records, test scores, academic or behavioral memoranda, all court records, and employment records (both past and present), including the records specifically listed below:

-All Juvenile Justice Information, including:

eg. Arrest and criminal records, probation records, social history and clinical reports, police records in general.

-All Education Information, including:

eg. Standardized test scores, transcript, report cards, immunization records, attendance records, IEP's, counseling, exceptional student education and diagnoses related thereto, disciplinary records, IDEA section 504 plans, school social work records, social histories, psycho-educational evaluations, and behavioral observations.

-Other: _____

I understand that team members may discuss my confidential information as it relates to my current admittance and continued enrollment at Church Hill Academy. I also understand that I have the right to revoke this authorization at any time, and if I do, my participation in Church Hill Academy will be terminated. Finally, I understand that this information is usually kept confidential and cannot be shared except under special circumstances. By signing this, I am giving the Church Hill Academy and Church Hill Activities & Tutoring Team permission to discuss my records.

I also understand that the Church Hill Academy Team (which can include CHA/T Board members, CHAT staff, CHA based Elk Hill staff, and on a select basis student mentors, advocates, and other support personnel) are not allowed to share this confidential information with people who are not team members unless:

1. There is a medical emergency
2. I commit a crime while enrolled in Church Hill Academy
3. The staff suspect abuse or neglect
4. I say I am going to hurt myself or someone else
5. A judge issues an order requiring the information to be released
6. The CHA staff must do so to comply with duty to warn requirements

This authorization will terminate upon graduation or withdrawal from Church Hill Academy.

By signing below, I agree that I have read, or have been read, this document, have been given the opportunity to ask questions, and I fully understand it. I consent and request that all such persons or agencies accept a photocopy or facsimile of this authorization as valid authorization to give such information or records.

Student Signature _____ SS# _____ Date _____

Parent/Guardian Signature _____ Date _____

CHA Team Member/Witness _____

**Church Hill Academy
HIPAA
Authorization for Release of Protected Health Information**

Patient Name (Student): _____ Social Security Number: _____

1. I hereby authorize the use or disclosure of my (the patient's) individually identifiable health information ("Information") as described below. I understand and agree that this Authorization is voluntary. I understand that if the organization authorized to receive the Information is not a health plan, healthcare clearing house or health care provider covered by federal privacy regulations, the released Information may no longer be protected from further use or disclosure by federal privacy regulations and may be subject to redisclosure by the recipient(s).

2. Specific description of Information covered by this Authorization (including date(s)): This authorization shall include such information as it relates to my (the patient's) emotional, mental, or physical health, and medical records. Mental health information to be disclosed includes immunization records, substance abuse evaluations, treatment recommendations, length of treatment, attendance records, diagnosis/assessment, and treatment plan. Medical information to be disclosed includes medical records and reports of patient history, diagnosis, evaluations, and treatment including those related to developmental disability.

3. Persons or classes of persons authorized to make the disclosure or use of the Information: (Please provide name of healthcare provider releasing information)

1) Name and Phone of Health Care Provider: _____

2) Name and Phone of Health Care Provider: _____

4. Persons or classes of persons to whom disclosure of the Information is to be made: Libby Germer, Head of Church Hill Academy and members of the Church Hill Academy team, as designated by Germer.

5. The specific purpose of the use or disclosure of the Information is: At the request of the patient for admittance as a student at Church Hill Academy.

6. I understand that I may see and receive a copy of the Information described on this Authorization, if I request it in writing, and I have the right to a copy of this Authorization.

7. I understand that I have the right to refuse to sign this Authorization.

8. This Authorization will expire upon graduation or withdrawal from Church Hill Academy.

9. I understand that I may revoke this Authorization at any time by notifying the healthcare provider releasing information (see question 3), in writing, except to the extent it has already taken action in reliance on this Authorization. I further understand that my participation in Church Hill Academy will be terminated if I revoke this authorization.

10. By signing below, I agree that I have read, or have been read, this document, have been given the opportunity to ask questions, and I fully understand it. I consent and request that all such healthcare providers accept a photocopy or facsimile of this authorization as valid authorization to give such information or records.

Signature: Patient (Student): _____ Date: _____ Time: _____

Signature: Patient's Parent/Guardian: _____ Date: _____ Time: _____

Printed name of Patient's Parent or Guardian: _____

Church Hill Academy Parent/Applicant Checklist 2018-2019

APPLICATION TURNED IN BY FRIDAY, MARCH 30, BUT NO LATER THAN APRIL 20

By mail, to Church Hill Academy,
% Carlisle Avenue Baptist Church,
2010 Carlisle Avenue
Richmond, VA 23231

In person, 7:30 a.m.-3:30 p.m. Monday-Friday to 2010 Carlisle Avenue. Please use the church's Randall Avenue entrance.

Contact Karen Holland with questions, 804.222.8760 or karen.holland@churchhillacademy.org

_____ **Current school writing sample included with application**

_____ **2017 tax docs or most recent family income information included with application**

_____ **\$25 nonrefundable deposit included with application**

SCHOOL VISIT

Contact Principal Hope Walker at 222.8760 to arrange for a school visit.

INTERVIEWS

Academy staff will contact students and parents to sign up for an interview date of either:

- Thursday, April 26
- Tuesday, May 1

Time for each night is 4-6 PM. All student applicants must have at least one parent or legal guardian attend an interview with them. Students and parents will have separate interviews.

DOCUMENTATION provided to CHA related to the student applicants:

- Health or behavioral records (including probation reports)
- Immunization records and medical insurance information
- Birth certificate
- Social security number
- Any Individualized Education Plan (IEP) or 504 plan
- Most recent 1040 tax documents

NOTIFICATION

Admission decisions will be completed by May 11th. Students will be contacted by phone and by letter.