

Saint Ambrose Catholic School

A National Blue Ribbon School

3827 Woodburn Road

Annandale, Virginia 22003

703-698-7171 Fax 703-698-7170

GRADES 1-8 SCHOLASTIC INFORMATION FORM (Confidential)

Date _____

PARENT/GUARDIAN: Please complete the top portion of this form and submit it to your child's current school. This form must be returned to us by the current school.

TO: _____
Name of School School Telephone Number

Address City State Zip

RE: _____
Full Name of Child Date of Birth

_____ School has my permission to answer the following questions. Please return this information to Saint Ambrose Catholic School at the address above or by fax.

Parent/Guardian Signature Parent/Guardian Printed Name Home Telephone Number

Parent/Guardian Address _____

_____ has applied for admission to Saint Ambrose Catholic School.
Name of Child

ADMINISTRATOR OF CURRENT SCHOOL: In the best interest of the child seeking admission to Saint Ambrose Catholic School, please answer the following:

1. Length of time student has attended your school _____
2. Number of days absent during present school year _____ Number of days tardy during present school year _____
3. Grade placement for current academic year _____
4. Suggested grade placement for upcoming school year _____
5. Has the student ever been recommended for or identified as needing:
 - a. Special Education Yes _____ No _____
 - b. Gifted Program Yes _____ No _____
 - c. Grade Retention Yes _____ No _____
 - d. Tutoring Yes _____ No _____
 - e. ADD or ADHD Testing Yes _____ No _____
 - f. Psychological/Educational Testing* Yes _____ No _____

*Please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial Date _____

If the answer to any of the above is yes, please comment: _____

6. Please comment on the following areas using the following criteria:

1 = Excellent

2 = Good

3 = Fair

4 = Unsatisfactory

General attitude _____
Effort _____
Relationship with teacher _____
Respects authority _____
Shows initiative _____
Takes pride in work _____

Cooperation _____
Classroom Conduct _____
Relationship with peers _____
Home study habits _____
Completes assignments on time _____

7. Please comment on classroom and school behavior of the student, noting any behaviors which would be detrimental to the learning atmosphere of the classroom.

8. Is there a discipline record on file for this student? Yes _____ No _____

9. Please describe any disabilities (physical, emotional, mental, language barriers, family situation) which might affect the student's progress.

10. Please comment on the following areas using the following criteria:

1 = Outstanding

2 = Satisfactory

3 = Below average

4 = Poor (failing to make appropriate progress)

Religion _____
Reading _____
Math _____
Conduct _____

Respect for Others _____
Achievement _____
Spelling _____
Social Studies _____

English _____
Study Habits _____
Homework _____
Ability _____

11. Reading Series and student's reading level _____

12. In your dealings with the parents, what is their attitude toward their child's learning and study habits? Have they cooperated with school policies and teacher's suggestions?

Signature of Person Completing Form

Title

Date

Principal's Signature

Thank you for your cooperation and your time in completing this form.