



St. Agnes School
 3886 Chestnut Avenue
 Concord CA 94519
 925-689-3990/Fax 925-689-3455

REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE FOR GRADES 1ST-8TH

To be completed by Parent

Date _____ Present Grade _____

Please release the requested information for my child _____
 and return by mail to St. Agnes School by March 1st.

 Parent signature

School currently attending _____

School Address _____

School Phone _____

To be completed by current teacher and/or Principal

Length of time in this school: _____ Attendance Record: _____

1. Please grade the following areas by:

E-Excellent F-Fair
 G-Good U-Unsatisfactory

General Attitude: _____ Cooperation: _____
 Effort: _____ Classroom Conduct: _____
 Relationship with Teacher: _____ Relationship with Peers: _____
 School Study Habits: _____ Home Study Habits: _____

2. Please grade the following areas by:

1-Outstanding Progress 3-Below Average Progress
 2-Satisfactory Progress 4-Failing to make the necessary progress

Reading: _____ Math: _____ Social Studies: _____
 Language Arts: _____ Science: _____
 Final Grade from last issued Results of most recently taken
 Report Card: _____ Standardized Test: _____
 Date of Issue: _____ Testing Date: _____
 Reading: _____ Name of Test: _____
 Language Arts: _____ Math: _____

3. Please describe any disabilities (physical, emotional, mental, language barriers, family situations, etc.) which affect the applicant's progress _____

4. Reading _____ Present level of child: _____
Books read _____

Math and present level of child. Please explain _____

Discipline-Please comment _____

Signature of person completing report: _____

Title: _____ Date: _____

School Name: _____

School Address: _____

School Phone: _____

Inclusive dates you taught this child _____

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