



# REFERRAL FORM FOR GRADES 1 - 8

## 2026-27

3886 Chestnut Avenue, Concord CA 94519  
925-689-3990

This form is required for applicants for grades 1 through 8. The first section is to be completed by the applicant's parent. Please give to the child's current teacher or principal for completion and submission to St. Agnes.

### TO BE COMPLETED BY PARENT

Student's name \_\_\_\_\_ Current grade \_\_\_\_\_

Please release the requested information for my child and return to St. Agnes School by fax or mail by March 1, 2023. Thank you!

Parent's name \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_

### TO BE COMPLETED BY STUDENT'S CURRENT TEACHER/PRINCIPAL

School currently attending \_\_\_\_\_

School address \_\_\_\_\_

School phone \_\_\_\_\_

Length of time in this school \_\_\_\_\_ Attendance record \_\_\_\_\_

1. Please rate the following areas using this code: E = Excellent, G = Good, F = Fair, U = Unsatisfactory

General attitude: _____	Cooperation: _____
Effort: _____	Classroom conduct: _____
Relationship with teacher: _____	Relationship with peers: _____
School study habits: _____	Home study habits: _____

2. Please rate the following areas using this code: 1 = Outstanding progress, 2 = Satisfactory progress, 3 = Below average progress, 4 = Failing to make the necessary progress

Reading: _____	Math: _____	Social Studies: _____
Language Arts: _____	Science: _____	

3. Final grade from last issued report card/ most recently taken test:

Report card date of issue: \_\_\_\_\_  
Reading score: \_\_\_\_\_ Language Arts score: \_\_\_\_\_  
Standardized test name \_\_\_\_\_ Date \_\_\_\_\_  
Math score: \_\_\_\_\_

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

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5. Student's current reading level: \_\_\_\_\_

Books read: \_\_\_\_\_

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6. Student's current math level (please explain): \_\_\_\_\_

7. Discipline (please explain): \_\_\_\_\_

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Name of person completing report: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School phone: \_\_\_\_\_

Inclusive dates child attended your school: \_\_\_\_\_

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