ST. WILLIAM OF YORK
CATHOLIC SCHOOL
OVER 25 YEARS OF AUTHENTIC CATHOLIC EDUCATION

REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

_____ _____
Student Name **Current Grade**

_____ _____
Name of School **Length of Time in Current School**

The above named student has applied for placement in our school. In order that we have a record the child's academic achievement, social behavior, and his/her relationship with the teacher and peers, we would appreciate it if you could share the following information. This information sheet does not go into a child's permanent record and the information contained is entirely confidential.

1. **Please use the following code to grade the areas listed:**
   E- excellent; G- good; F-fair; U- unsatisfactory

   ____ General Attitude
   ____ Effort
   ____ Relationship with teacher
   ____ Respects authority
   ____ Shows initiative
   ____ Takes pride in work
   ____ Attendance
   ____ Cooperation
   ____ Classroom Conduct
   ____ Relationship with peers
   ____ Home study habits
   ____ School study habits
   ____ Completes assignments

2. **Discipline (please comment):**

   _____

   _____

3. **Please describe any disabilities (physical, emotional, mental, language barriers, family situations) that may affect a student's progress:**

   _____

   _____

3130 Jefferson Davis Highway Stafford, Virginia 22554 540-659-5207
www.stwillschool.org
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4. Using the following code, please grade the areas listed:

1 – outstanding; 2 – satisfactory progress; 3 – below average progress; 4-failing to make necessary progress

____	Christian Doctrine	____	Science
____	Math	____	English
____	Social Studies	____	Reading
____	Spelling	____	Computers

5. Academic Information:

Has the child ever been tested for learning disabilities, or has this testing been suggested to parents?
____ Yes ____No

Explain: _____

_____

Has the child ever been retained? _____ Yes _____ No
Is retention recommended for the following year? _____ Yes _____ No

Explain: _____

_____

6. Parent attitude and degree of involvement- please comment:

_____

_____

7. Based on the work that the applicant has completed in your school, please rate the total progress of the student:

____ Outstanding student
____ Above average student
____ Low average student
____ Working below grade level
____ Average student

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Please provide any other information you feel would be useful to us. Thank you for your time in completing this form.

_____ _____

Teacher or Principal **Date**

Please return to:
Jennifer Schiller
Principal
3130 Jefferson Davis Highway
Stafford, VA 22554
jschiller@stwillschool.org
540-659-5207

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