

ANNUNCIATION CATHOLIC ACADEMY

593 Jamestown Blvd.

Altamonte Springs, FL 32714

(407) 774-2801, FAX (407) 774-2826

REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

Parent should have form completed by student's current school and returned directly to Annunciation Catholic Academy

I give my permission for this form to be completed and returned to Annunciation Catholic Academy.

(Authorizing Signature of Parent/Guardian)

Student's Name: _____ **Current Grade:** _____

School Currently Attending: _____

Attendance Record: satisfactory not satisfactory

I. Please grade the following areas by:

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 _____	

II. Please grade the following areas by:

1. Outstanding progress	3. Below average progress	
2. Satisfactory progress	4. Failing to make necessary progress	
Reading _____	Math _____	Social Studies _____
Language Arts _____	Science _____	

III. Has it ever been recommended that the student be tested for:

	Was testing completed?			
Gifted program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech/language program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Results of the testing: _____

(Please attach copy if possible)

(Over)

IV. Please describe any conditions (physical, emotional, language, family, etc.) of which the school should be aware in dealing with this student:

V. Discipline - please comment:

Signature of person completing report: _____

Title: _____

Signature of Principal: _____

Date: _____