



ST. JOHN THE EVANGELIST CATHOLIC SCHOOL

240 Arnold Street

Hapeville, Georgia 30354

FAX 404-767-0359 PHONE 404-767-4312

CURRENT SCHOOL TEACHER FORM (FORM B)

Parents:

Please complete the information in this box and submit the form to your child's teacher **with a stamped envelope addressed to St. John School.**

(Name of student) _____ has applied for admission to St. John the Evangelist Catholic School for the 2010-2011 school year.

(Name of referring school) _____ has my permission to answer the questions below, release the information requested, and mail to St. John the Evangelist Catholic School at the above address.

I waive any right of access to information provided on this form.

Signature(s) of Parent/Guardian _____ Date _____

Teacher: Please complete this confidential form and send to St. John School.

Thank you in advance for your comments and cooperation.

In the best interest of the child seeking admission to St. John School, please answer the following questions.

1. Length of time the student has attended your school _____
2. Grade placement for the current academic year, 2009-2010. Grade _____
3. Suggested grade placement for the coming school year, 2010-2011. Grade _____
4. Has the student ever been recommended for or identified as needing:
 - a. Psychological Testing Yes _____ No _____
 - b. Special Education Yes _____ No _____
 - c. Gifted Program Yes _____ No _____
 - d. Grade Retention Yes _____ No _____
 - e. Tutoring Yes _____ No _____

If the answer was Yes to any of the above, did the parents follow through? YES NO

Is there a psycho-educational evaluation on file for this student? YES NO

5. Evaluate this child using the following criteria:

E. Excellent	G. Good	S. Satisfactory	N. Needs Improvement	U. Unsatisfactory
___ Academic Achievement		___ Attention Span	___ Effort	___ Arrives on Time
___ Respect for Others		___ Academic Ability	___ Study Habits	___ Obeys Rules
___ Classroom Conduct		___ Attendance	___ Works Well In a Group	
___ Self Control		___ Listens/Follows Directions	___ Response to Correction	
___ Respect for Authority				

Comments: _____

CONTINUE ON BACK

If Pre K or Kindergarten – Is child potty trained?

YES

NO

6. Has the child ever had a serious conduct issue or an in-school or out-of-school suspension? YES NO

If yes, please explain _____

Please note any classroom accommodations being made for this student. _____

7. Reading level: Above grade level On grade level Below grade level

8. Math level: Above grade level On grade level Below grade level

9. Developmental readiness for Pre K or K: Above grade level On grade level Below grade level

10. Evaluate parents' attitude toward the following:

	Excellent	Good	Satisfactory	Unsatisfactory
Interested in child's progress	_____	_____	_____	_____
Follows school policies & procedures	_____	_____	_____	_____
Pays tuition and fees on time	_____	_____	_____	_____
Accepts teacher suggestions	_____	_____	_____	_____
Allows child to take responsibility for actions	_____	_____	_____	_____

Comments: _____

Name of person completing this form _____

Title _____ Date _____

School Name _____

School Street Address _____

City _____ State _____ Zip _____

School Phone Number _____

Name of Principal _____ School Fax Number _____

Summer Contact Person _____ Summer Phone Number _____

PLEASE MAIL THIS FORM DIRECTLY TO:

St. John the Evangelist Catholic School
Attn: Admissions Committee
240 Arnold Street
Hapeville, Georgia 30354

OUR MISSION

Our mission is to prepare students for everlasting life, teaching them the Catholic Faith and traditions, to provide time and resources to put their faith into action through worship and service, and to ensure a thorough foundation of knowledge for successful transition into secondary study.