

**SAINT JAMES CATHOLIC SCHOOL  
830 W. BROAD STREET  
FALLS CHURCH, VIRGINIA 22046  
(703) 533-1182; FAX (703) 532-8316**

**REQUEST FOR INFORMATION**

**TO BE FILLED OUT BY APPLICANT'S CURRENT TEACHER PRIOR TO ACCEPTANCE TO GRADES 2-8**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Grade applying for:** \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I give \_\_\_\_\_ my permission to answer the following questionnaire in regard to my child (above).  
(Current School)

\_\_\_\_\_  
(Parent's signature)

**School currently attending:** \_\_\_\_\_

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

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

**Length of time in this school:** \_\_\_\_\_

**Dear Principal and/or Teacher:**

\_\_\_\_\_, who is presently enrolled in your \_\_\_\_\_ grade, has applied for admission to our school. In order for us to adequately evaluate this student, we would appreciate your taking a few minutes to answer the following questions. We will use this information along with entrance test results, interview comments, and any other information that we have available to assist us in determining whether Saint James School is the best place for this student. We would appreciate copies of report cards and/or transcripts in order to aid us in our acceptance process.

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**I. Grade the following areas with:**

**E (excellent)**

**G (good)**

**F (fair)**

**P (poor)**

\_\_\_\_\_ General attitude

\_\_\_\_\_ Cooperation

\_\_\_\_\_ Effort

\_\_\_\_\_ Classroom conduct

\_\_\_\_\_ Relationship with teacher

\_\_\_\_\_ Relationship with peers

\_\_\_\_\_ School study habits

\_\_\_\_\_ Home study habits

This student will be (promoted to, retained in) grade \_\_\_\_\_ for the next school year.

Attendance record satisfactory \_\_\_\_\_

**(Please complete other side.)**

**II. Grade the following areas with:**

**1 – Outstanding progress**

**2 – Satisfactory progress**

**3 – Below average progress**

**4 – Failing to make the necessary progress**

\_\_\_\_\_ Reading

\_\_\_\_\_ Math

\_\_\_\_\_ Social Studies

\_\_\_\_\_ English

\_\_\_\_\_ Science

\_\_\_\_\_ Spelling

\_\_\_\_\_ Religious Studies

\_\_\_\_\_ Foreign Language (if applicable)

**III. Most Recent Achievement Test**

Name: \_\_\_\_\_ Form: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

**IV. Most Recent I.Q. Test**

Name: \_\_\_\_\_ Form: \_\_\_\_\_ Date: \_\_\_\_\_

Score: \_\_\_\_\_

**V. Please describe any disabilities** (physical, learning, emotional, social, behavioral, language barriers, family situation) which may affect the applicant's progress.

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please send a copy.)

Does the student have an accommodated program? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, in what subjects?)

Does the student receive Title I services? \_\_\_\_\_ Yes (Math, Reading, Both) \_\_\_\_\_ No

**VI. Reading Series:** \_\_\_\_\_ Level: \_\_\_\_\_

Additional reading activities: \_\_\_\_\_

**VII. Math Series:** \_\_\_\_\_ Level: \_\_\_\_\_

Additional math activities: \_\_\_\_\_

**VIII. Discipline. Please comment.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**(Signature of person completing form & Title)**

**Date:** \_\_\_\_\_

**(Principal's signature)**