



**ST. MARY MAGDALEN  
CATHOLIC SCHOOL**

**REQUEST FOR INFORMATION  
PRIOR TO ACCEPTANCE  
GRADES 1 - 8**

**Parents, please complete the top portion** and submit this form to your child's current teacher with a stamped envelope. The teacher should mail the completed form to **St. Mary Magdalen Catholic School, 869 Maitland Avenue, Altamonte Springs, Florida 32701.**

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_  
 School Currently Attending \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

The student named above has applied for admission into the \_\_\_\_\_ grade at St. Mary Magdalen Catholic School for the academic year 2010 – 2011.

**To: Principal, Teacher or Counselor**

Your help is requested in supplying as much of the information below as possible so that we can better meet the needs of this student.

Length of time in this school \_\_\_\_\_ Does student have a satisfactory attendance record?  Yes  No

Please grade the following areas with a checkmark.	Excellent	Good	Average	Poor
General Attitude				
Effort				
Cooperation				
Relationship with Teacher				
Relationship with Peers				
Emotional Maturity				
Intellectual Development				
General Health				
Motor Control				
Study Habits				
Maturity Age Level	<input type="checkbox"/> Early <input type="checkbox"/> Average <input type="checkbox"/> Advanced			

**Please provide the following curriculum and behavior information:**

READING Series and present reading level of student; please explain: \_\_\_\_\_

\_\_\_\_\_

MATH Series and present math level of student; please explain: \_\_\_\_\_

\_\_\_\_\_

PHONICS Series (type of program) and present level of child; please explain: \_\_\_\_\_

\_\_\_\_\_

Please describe any disabilities, i.e., physical, emotional, mental, language barriers, family situations which may affect this student's progress. \_\_\_\_\_

\_\_\_\_\_

Please comment on classroom conduct and discipline: \_\_\_\_\_

\_\_\_\_\_

Please comment on Behavior/Attitude, Work/Study Habits and Peer Relationships: \_\_\_\_\_

\_\_\_\_\_

Has the student ever been a recipient of a Special Services Program, i.e., a Learning Disability Resource Center, Developmental Reading, English or Math Program or a Behavior Disorder Program? \_\_\_\_\_

\_\_\_\_\_

Has the student ever been referred to participate in such a program?  Yes  No

Parent attitude and degree of involvement; please comment: \_\_\_\_\_

\_\_\_\_\_

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have bearing on our decisions.

Signature of Person Completing Report \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_



**ST. MARY MAGDALEN  
CATHOLIC SCHOOL**

**REQUEST FOR INFORMATION  
PRIOR TO ACCEPTANCE  
GRADES 1 - 8**