

Application for Admission

Office use only:

Application for _____ grade

Date Application Rec'd _____

School Year _____

\$75 Application Fee Rec'd _____ Ck # _____

\$50 Screening Fee Rec'd _____ Ck# _____

Status _____

Applicant Information

Child's Name _____
Last First Middle Goes by

Sex _____ Date of Birth _____ Place of Birth _____ Social Security Number _____

Home Address _____ Zip _____

Parent/Guardian Information

Person with whom child resides: _____
Last First Middle (no initial) Relationship to Child

Address (if different) _____

Home Phone _____ Business Phone _____

Cell/Pager _____ E-Mail Address _____

Date of Birth _____ Place of Birth _____

Education: High School _____ College _____ Grad _____ Degree Earned _____

University of _____

Occupation _____ Place of Employment _____

Person with whom child resides: _____
Last First Middle (no initial) Relationship to Child

Address (if different) _____

Home Phone _____ Business Phone _____

Cell/Pager _____ E-Mail Address _____

Date of Birth _____ Place of Birth _____

Education: High School _____ College _____ Grad _____ Degree Earned _____

University of _____

Occupation _____ Place of Employment _____

Parents are: married _____ separated _____ divorced _____ single _____ widowed _____

Billing Address (if different) _____

School Correspondence sent to: both _____ custodial parents only _____

Please see other side



Amy Whitley - Head of School



School Information

What schools has child attended (grades and city & state) _____

Name & address of current Principal _____

Has your child ever been retained? If yes, please explain _____

Has your child ever been asked to leave a school? If yes, please explain _____

Has your child ever had a psychological, educational, neurological, or speech evaluation? Yes _____ No _____

If yes, what type, when and by whom? Type _____ Date _____

Name _____

Address _____

Phone _____

Financial Aid

Would you like financial aid information sent to you? Yes _____ No _____

Religious Preference

Religious Affiliation _____
Father Mother Child

Name of Church _____

Siblings

<u>Name of Child</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you or other children attended St. Luke's School?

If yes, _____
Names Grade Year

Referrals

Who or what influenced you to apply to St. Luke's School? _____

Friends or relatives who attend or have attended St. Luke's School? _____

Please include a current photograph of your child, a copy of their birth certificate and immunization records, and application fee.

Signature of Parent/Guardian _____

7. What are your child's activities and interests?
8. Does your child have any physical, emotional, or psychological characteristic that might affect your child's participation in daily activities?
9. Has your child ever had a psychological, educational, neurological, or speech evaluation?

_____ yes _____ no

If yes, what type, when and by whom?

Type _____ Date _____

Name _____

Address _____

Phone _____

Parent Signature _____ Date _____

St. Luke's Episcopal Day School
Attention: Admissions
8833 Goodwood Blvd., Baton Rouge, Louisiana 70806
(225)927-8601 Fax (225)928-2542

St. Luke's Episcopal Day School
Teacher Evaluation
Grades 1 thru 5

Applicant's Name _____ Date _____

Application for Grade _____ School Year _____

The student named above has applied for admission to St. Luke's Episcopal Day School. We would appreciate your assessment of this student at this time. Your candid, thoughtful assessment of this applicant will be very helpful. This information will be kept confidential, and will not become part of the student's permanent file. If you have any questions concerning the requested information, please contact the school. Thank you for your assistance.

Please check the appropriate response to the following:

Rate the student's personal and academic characteristics in the following areas:

	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Does Not Meet Expectations</i>
<i>Level of maturity</i>	_____	_____	_____
<i>Works independently</i>	_____	_____	_____
<i>Group/Peer interactions</i>	_____	_____	_____
<i>Honesty and integrity</i>	_____	_____	_____
<i>Organization skills</i>	_____	_____	_____
<i>Academic motivation</i>	_____	_____	_____
<i>Academic achievement</i>	_____	_____	_____
<i>Attention span</i>	_____	_____	_____
<i>Ability to follow directions</i>	_____	_____	_____
<i>Completion of tasks</i>	_____	_____	_____
<i>Listening skills</i>	_____	_____	_____
<i>Response to limits</i>	_____	_____	_____
<i>Ability to make transitions</i>	_____	_____	_____
<i>Communication skills</i>	_____	_____	_____

Please comment on the following:

1. Please describe any special or unusual characteristics that you feel are important in evaluating this child. This may be a strength, weakness, or concern that you see as relevant.

2. Describe the parents' expectations of both the child and the school.

3. Please include any additional comments that you feel are important.

4. I recommend this student:

with enthusiasm
 with reservations

with some confidence
 I do not recommend

Name of person completing evaluation _____ Title _____

Relationship to student _____

Length of time acquainted with student _____

School _____

Address _____

Phone Number _____

Signature _____ Date _____

Thank you for your assistance in completing this evaluation. Please fax this form or mail it directly to St. Luke's Episcopal Day School in the envelope provided by the child's parent.

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Phone: (225)927-8601 Fax: (225)928-2542

**St. Luke's Episcopal Day School
Principal Recommendation**

Applicant's Name _____ Date _____

Application for Grade _____ School Year _____

The student named above has applied for admission to St. Luke's Episcopal Day School.

We would appreciate your assessment of this student. This information will be kept confidential, and will not become part of the student's permanent file. If you have any questions concerning the requested information, please contact the school. Thank you for your assistance.

Name of School _____ Name of Principal _____

Phone Number _____ Length of time acquainted with student _____

Does this student have any significant limitations (physical, emotional, social)? Please explain:

Has attendance or tardies been a concern? _____ yes _____ no If yes, # of absences _____
of tardies _____

How many days per week does this child attend school? _____ Length of day? _____

This student has been sent to my office for disciplinary problems: _____ often _____ seldom _____ never

This student has been suspended _____ times.

Has the student been expelled and therefore not eligible to return next year? _____

Please indicate your rating by numbers in the right hand column. Use question marks where you have insufficient evidence.

	5	4	3	2	1	Rating
Honesty & Integrity	Exceptional, upright	Noticeably upright	Upright, no cause to question	Weak, questionable	Record of dishonesty	
Conduct	Outstanding in every respect	Generally excellent	Good or acceptable	Marginal	Poor or reprehensible	
Respect for Authority	Works very well with those in authority	Works well with those in authority	Mild resistance to authority	Periodic rebellion to authority	Rebellious to authority	
Parental Support	Exceptional	Quite Good	Average	Sometimes unsupportive	Often unsupportive	
Summary	Outstanding	Excellent	Good	Fair	Poor	

(Please see other side)

Any additional comments concerning this student:

Please forward current and past years report cards and standardized test scores.

Signature _____ Date _____

Thank you for your assistance in completing this evaluation. Please fax this form or mail it directly to St. Luke’s Episcopal Day School in the envelope provided by the child’s parent.

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