



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
Middle School
Math Teacher Evaluation**

Applicant's Name _____ Date _____

Application for Grade _____ School Year _____

The student named above has applied for admission to St. Luke's Middle School. We would appreciate your assessment of this student at this time. 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 student's personal and academic characteristics in each of the areas listed below. Use the following key: 5 – Exceptional

- 4 – High
- 3 – Good
- 2 – Marginal
- 1 - Poor

<u>Academic</u>	5	4	3	2	1
Academic ability					
Motivation					
Study habits					
Ability to organize					
Originality					
Leadership					
Use of academic potential					

<u>Personal</u>	5	4	3	2	1
Self -confidence					
Level of maturity					
Peer relationships					
Adult relationships					
Respect for others					
Standards of personal integrity					

Please give the following information concerning the student's current textbook:

Name of textbook _____

Publisher _____

What main skills have been covered this year? _____

What level would you recommend for this student next year? _____

How would you compare the student's performance to his/her ability? _____

When you hear this child's name, what words do you immediately think of to describe this child?

Please list any unusual and special characteristics or the strengths and weaknesses of this child.

To the best of your knowledge, has this child been recommended for outside help in your subject? _____ Has he/she received outside help? _____

Please include any additional comments that you feel are important.

I recommend this student:

_____ with enthusiasm
_____ with reservations

_____ with some confidence
_____ I do not recommend

Name of person completing evaluation _____ Title _____

Relationship to applicant _____

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.

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
Middle School
Language Teacher Evaluation**

Applicant's Name _____ Date _____

Application for Grade _____ School Year _____

The student named above has applied for admission to St. Luke's Middle 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.

Please check the student's personal and academic characteristics in each of the areas listed below. Use the following key: 5 – Exceptional

- 4 – High
- 3 – Good
- 2 – Marginal
- 1 - Poor

<u>Academic</u>	5	4	3	2	1
Academic ability					
Motivation					
Study habits					
Ability to organize					
Originality					
Leadership					
Use of academic potential					

<u>Personal</u>	5	4	3	2	1
Self -confidence					
Level of maturity					
Peer relationships					
Adult relationships					
Respect for others					
Standards of personal integrity					

Please give the following information concerning the student's current textbook:

Name of textbook _____

Publisher _____

Current reading level _____

What level would you recommend for this student next year? _____

How would you compare the student's performance to his/her ability? _____

When you hear this child's name, what words do you immediately think of to describe this child?

Please list any unusual and special characteristics or the strengths and weaknesses of this child.

To the best of your knowledge, has this child been recommended for outside help in your subject? _____ Has he/she received outside help? _____

Please include any additional comments that you feel are important.

I recommend this student:

_____ with enthusiasm
_____ with reservations

_____ with some confidence
_____ I do not recommend

Name of person completing evaluation _____ Title _____

Relationship to applicant _____

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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Attention: Admissions

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**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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