



Nativity Catholic School
2371 W. Carson Street, Torrance, CA 90501
310-328-5387

CONFIDENTIAL REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE FOR GRADES 2 - 8

Parents/Guardians - Please complete the top portion of this form and submit it to your child's current teacher with a stamped envelope addressed to Nativity Catholic School (address above) ATTN: Mrs. Kaiser or email it to bruins@nativityemail.com. (This form must be submitted by school personnel.)

Name of Student _____

Current Grade _____ School Currently Attending _____

Student's Address _____

City/State/Zip _____

Parents: Sign below giving permission for the teacher/counselor to complete this form and waive my rights to viewing it.

TO THE TEACHER OR COUNSELOR: The student named above has applied for admission into the _____ grade at Nativity Catholic School for the _____ school year. 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. Thank you for the time and effort you have taken in completing this evaluation. Your recommendations are very important to the acceptance process.

Parent Signature: _____ Date _____

Length of time at current school _____ Satisfactory attendance record Yes No

(TEACHER) Please rate the following areas with a check mark:

	Excellent	Good	Average	Poor
General Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Control (Gr. K-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maturity Age Level

Early

Average

Advanced

Most recent standardized testing:

Date administered _____ Name of test _____

Reading National Percentile _____ Math National Percentile _____

Please grade the following academic areas:

	Outstanding	Above Average	Satisfactory	Below Average
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English-Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonics (Gr. K-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

READING series and present reading level of student:

MATH series and present math level of student:

Please describe anything which affects the student's progress:

Please comment on classroom conduct and discipline:

Please comment on the following Behavior/Attitude, Work/Study Habits, and Peer Relationships:

Other comments:

Signature of Teacher

Date

Teacher Email