



Parents are to complete the top section then forward this form to the student's current or last teacher.

_____ gives permission for _____
Parent/Guardian Signature Your Child's Current School

to send Trinity Christian School information concerning _____
Student's Name and Grade

Dear Teacher/Administrator,

_____ is applying for admission to Trinity Christian School. We request your assistance in the evaluation of this student for acceptance. Thank you for your insights and cooperation. Please mail or fax this form to Trinity using the information at the end of the page.

Date Enrolled: _____ Number of Absences: _____ Number of Tardies: _____

ACADEMIC ASSESSMENT

Please check appropriate levels:

Reading:	grade level_____	above grade level_____	below grade level_____
Math:	grade level_____	above grade level_____	below grade level_____
Handwriting:	grade level_____	above grade level_____	below grade level_____
Speech:	grade level_____	above grade level_____	below grade level_____

Last Achievement Score Percentiles or Grade Equivalent:

Reading _____ Math _____ Total Battery _____

Please Briefly Assess:

Social Skills/Interests _____

Motivation/Academic Potential _____

Behavior _____

Teachers: Please return this directly to Trinity Christian School as soon as possible. It may be emailed to admissions@trinitychristian.info, or sent by fax or regular mail.

Teacher's Name

Teacher's Signature