



Parents, please submit this form to your child's current teacher with a stamped envelope addressed to:

The Admissions Office
Holy Spirit Preparatory School
4449 Northside Drive NW
Atlanta, GA 30327

STUDENT NAME			CURRENT GRADE
NAME OF CURRENT SCHOOL			
SCHOOL STREET ADDRESS			COUNTY
CITY	STATE	ZIP CODE	SCHOOL PHONE

TO THE PRINCIPAL, TEACHER, OR COUNSELOR

The student named above has applied for admission into _____ grade at Holy Spirit Preparatory School for the _____ academic year. Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student.

LENGTH OF TIME IN YOUR SCHOOL	DOES STUDENT HAVE A SATISFACTORY ATTENDANCE RECORD?
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PLEASE EVALUATE THE FOLLOWING AREAS

	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior				
Effort				
Cooperation				
Obeys Rules				
Relationship with Teacher				
Respects Authority				
Relationship with Peers				
Emotional Maturity				
Exhibits Self Control				
Respects the Property of Others				
Listens Attentively				
Follows Directions				
Accepts Responsibility				
Participates in Class				
Completes Work				
Works to Ability				
Works Independently				
Organizational Skills				

OTHER INFORMATION

READING SERIES AND PRESENT LEVEL OF CHILD (PLEASE EXPLAIN)

MATH SERIES AND PRESENT LEVEL OF CHILD (PLEASE EXPLAIN)

PHONICS SERIES (TYPE OF PROGRAM) AND PRESENT LEVEL OF CHILD (PLEASE EXPLAIN)

PLEASE LIST ANY AREA OF ACADEMIC ADVANCEMENT OR SPECIAL RECOGNITION AWARDED

PLEASE COMMENT ON CLASSROOM CONDUCT AND DISCIPLINE

PLEASE COMMENT ON BEHAVIOR, ATTITUDE, WORK AND STUDY HABITS, AND PEER RELATIONSHIPS

PARENT INVOLVEMENT Very Supportive Supportive Average Minimal None

COMMENTS ON PARENTAL INVOLVEMENT

ADDITIONAL HELPFUL INFORMATION

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

SIGNATURE

TITLE

TELEPHONE

DATE