

**Saint Timothy School**  
**Information Request Prior to Acceptance**  
**Grade 1**

**Parent/Guardian:** Please complete the top portion of this form and submit it to your child's current school. This form must be returned to us by the current school.

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
Name of School School Phone Number

\_\_\_\_\_  
Address City State Zip

**Re:** \_\_\_\_\_  
Full Name of Child Date of Birth

\_\_\_\_\_  
School has my permission to complete the following and return this information to:

**St. Timothy School**  
**13809 Poplar Tree Rd.**  
**Chantilly, VA 20151**  
**Phone: 703-378-6932**  
**Fax: 703-378-1273**

\_\_\_\_\_  
Parent/Guardian Signature Printed Name Home Phone

\_\_\_\_\_  
Parent/Guardian Address City State Zip

**Teacher or Administrator of Current School:** The above mentioned student has applied for acceptance at St. Timothy School. It is our policy to obtain scholastic information prior to acceptance and would appreciate you completing this to the best of your ability. Thank you.

- Length of time student has attended your school \_\_\_\_\_
- Days Present during the current school year \_\_\_\_\_  
Days Absent \_\_\_\_\_ Days Tardy \_\_\_\_\_
- Current grade placement \_\_\_\_\_
- Grade placement for upcoming school year \_\_\_\_\_
- Is there a discipline record on file for this student? Yes \_\_\_\_\_ No \_\_\_\_\_
- Please comment on any classroom/school behavior that would impact the classroom environment \_\_\_\_\_

\_\_\_\_\_  
*Please see other side.*

- Has the student ever been recommended for, or identified as needing:
  1. psychological testing            Yes    \_\_\_\_\_            No    \_\_\_\_\_
  2. educational testing            Yes    \_\_\_\_\_            No    \_\_\_\_\_
  3. special education            Yes    \_\_\_\_\_            No    \_\_\_\_\_
  4. gifted program            Yes    \_\_\_\_\_            No    \_\_\_\_\_
  5. grade retention/placement    Yes    \_\_\_\_\_            No    \_\_\_\_\_

- Please comment on any yes answers: \_\_\_\_\_  
\_\_\_\_\_

- Has the child been given a Readiness Test? \_\_\_\_\_  
 Test Administered \_\_\_\_\_ Date \_\_\_\_\_  
 Performance Rating \_\_\_\_\_

- Describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect the applicant's progress \_\_\_\_\_  
\_\_\_\_\_

- Please complete the following using the criteria referenced below  
                     1- Excellent            2- Good            3- Fair            4- Unsatisfactory

General Attitude		Cooperation	
Effort		Classroom Conduct	
Relationship w/ teacher		Relationship w/ peers	
Respects Authority		Home Study Habits	
Shows Initiative		School Study Habits	
Takes Pride in Work		Completes Assignments	
Listens Attentively		Follows Directions	
Uses time Well		Does Work Accurately	
Shows Leadership		Exercises Self-Control	
Plays Well With Others		Works Well in Groups	
Recognizes Capital Letters		Recognizes Lower Case Letters	
Hears Sounds Correctly		Hears Medial Sounds in Words	
Can Properly Manipulate a Pencil		Can Print Letters Correctly	
Can Relate a Short Story		Recognizes Numbers 1 -10	
Can Write Numbers 1 – 5		Can Write Numbers 6 - 10	

- Please comment on the parents' attitude toward their child's learning and study habits.  
\_\_\_\_\_
- Have they cooperated with school policies and teacher recommendations?  
\_\_\_\_\_
- Would you recommend this student for a strong academic program? \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (Relationship to Student)