

STUDENT ACADEMIC REPORT

Parent or Applicant: Please fill out the top section of this form and give the form to your child's current teacher (or a parent may complete the entire form if the applicant is home-schooled).

Applicant's Name : _____ Grade Applying For: _____

Parent/Guardian Name (printed): _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Educator: Please complete this form and return it to Grace Christian School, 649 Crater Lake Avenue, Medford, OR 97504 or fax to (541) 858-7288. Thank you for your candid assessment of this candidate.

Please attach recent copies of the following:

___ Reading Tests ___ Math Tests ___ Report Cards and/or Evaluations ___ Progress Reports

Student Academic Report: READING

Estimated Reading Level _____

Material/Basal Reader Used _____

Title of Book _____

Academic Weaknesses _____

Academic Strengths _____

Student Academic Report: MATHEMATICS

Estimated Math Level _____

Publisher/Title _____

~ Please continue on reverse ~

SOCIAL/EMOTIONAL (Please mark with one of the following: ALWAYS / USUALLY/RARELY/NEVER)

WORK

Listens and follows directions _____

Works neatly and carefully _____

Completes assignments _____

COOPERATION

Obeys promptly and willingly _____

Works well with others _____

Accepts suggestions _____

RESPONSIBILITY

Attends school regularly _____

Arrives at school on time _____

Uses reasonable self-control _____

COURTESY

Is polite _____

Respects school property _____

Demonstrates good sportsmanship _____

FINANCIAL (For private schools)

Is the family currently up to date on their financial obligation to your school? yes _____ no _____

Your overall recommendation (please check one):

- I wholeheartedly recommend this student
- I recommend this student but have some reservations (please explain below)
- I do not recommend this student (please explain below)

Explanation or additional comments: _____

Please provide your contact information. All information will be kept confidential.

Name (printed) _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to Applicant _____ Institution (if applicable) _____

Signature _____ Date _____