



DERBY ACADEMY
OFFICE OF ADMISSION

School Report Form

_____ has applied for admission to Derby Academy's grade _____ for September 20 _____.
student name

FOR PARENTS OR GUARDIANS

Please send this form to your child's school.

I, _____ authorize the release of the above-named applicant's school records as requested by Derby Academy
parent/guardian name (please print)

parent/guardian signature

date

FOR PRINCIPALS, DIRECTORS, OR GUIDANCE COUNSELORS

The parents or guardians of the above-named applicant have given us permission to collect information about the applicant as part of the admission process. Please send copies of the following directly to us:

- Reports from the current school year
- Past school records, including grades, marks, and comments
- All standardized testing results

Are there circumstances which have affected or might affect the applicant's school performance? Yes No

If yes, please explain (e.g., skipping or repeating a grade, specific learning style, frequent change of school, serious illness, loss of family member, separation/divorce).

Has the applicant had an academic evaluation (such as a neuropsychological examination)? Yes No

If yes, please explain.

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If the applicant is currently on an IEP or does he/she have any other academic modifications such as tutorial support? Yes No

If yes, please explain.

If the applicant has had a school evaluation, please also include copies of the following:

- School evaluation report
- Individual Education Plan (IEP)
- Other pertinent material

Has the applicant been disciplined for misconduct at school? Yes No

If yes, please explain.

To the best of your knowledge, do you think that the applicant will be successful at Derby Academy in the following areas?

- | | |
|-------------------------|--|
| Academics | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social life | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal responsibility | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please share any additional comments you may have regarding this applicant.

SCHOOL INFORMATION

Name of school: _____

Address: _____

Phone number: _____

E-mail address: _____

Name of principal, director, or guidance counselor completing this form (please print): _____

Date: _____ Signature: _____

We appreciate the time you took in completing this form. Thank you.