



Applicant Recommendation Forms: Grades 1-8

To be completed by parent/guardian

Name of Applicant: _____ Grade for which applying: _____

I authorize the confidential evaluation, along with official school records, to be completed and sent to St. John's Episcopal Parish Day School for the purpose of acceptance and placement evaluation.

Parent/Guardian Signature: _____ Date: _____

To be completed by school administrator

This student is applying for admission to St. John's Episcopal Parish Day School. Please complete this form and return it, along with student's transcripts and standardized test scores to Director of Admissions, 240 S. Plant Ave., Tampa, FL 33606-2310 or by fax to 813.250.0769.

Rating Scale: 5 (exceptionally high) to 1 (very low)

- | | |
|-----------------------------------|---|
| _____ Academic Ability | _____ Conduct/Discipline |
| _____ Emotional Stability | _____ Organizational Skills |
| _____ Integrity | _____ Ability to Work Independently |
| _____ Motivation | _____ Parents' Cooperation with the School |
| _____ Recommendation as a Student | _____ Parents' Timely Payment of Tuition and Other Fees |
| _____ Extracurricular Activities | |

Please list activities: _____

Please answer "Yes" or "No" to the following:

1. Would this student be invited back to your school next year? _____
If no, please elaborate. _____
2. Has the child ever had any serious disciplinary action taken against him/her? _____
If so, please elaborate. _____
3. Has the child ever been evaluated for learning or emotional challenges? _____
If so, please elaborate. _____
4. Does candidate have any outstanding abilities or deficiencies not covered by above categories? Yes _____ No _____
Please elaborate. _____
5. Does candidate have any significant limitations (physical, emotional, social)? Yes _____ No _____
Please elaborate. _____
6. Has the candidate ever been recommended for any of the following special programs:
Gifted _____ Learning Disabled _____ Impaired Vision _____ Speech _____ Hearing _____
7. Did child participate? Yes _____ No _____
In which? _____

The Admissions Committee would appreciate a frank statement summarizing your opinion of this student's willingness and ability to succeed in a highly-structured, academically challenging school. Please use the space on the back for your statement. Thank you for your time and effort in evaluating this student and assisting both the candidate and St. John's. Your information will remain confidential.

Signature of Recommending Administrator: _____ Date: _____

Name of School: _____