



ST. THOMAS THE APOSTLE CATHOLIC SCHOOL
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GRADES 1 – 8 PRE-ADMISSION FORM

Dear Administrator/Homeroom Teacher:

_____ has applied for admission to grade _____ at St. Thomas School. Please complete this form and return it directly to St. Thomas as soon as possible. Thank you.

<u>Academic Achievement</u>	Below Average	Average	Above Average
Mathematical Skill	_____	_____	_____
Reading Ability	_____	_____	_____
Overall Grades	_____	_____	_____

National Test Scores

Name of Test _____ Date _____

Math Total/GE _____ Reading Total/GE _____ Total Battery _____

Comments _____

<u>Personality Traits</u>	Needs Improvement	Average/Normal	Well Developed
Self Control	_____	_____	_____
Motivation	_____	_____	_____
Obeys Rules/Direction	_____	_____	_____
Interaction with Peers	_____	_____	_____
Interaction with Teachers	_____	_____	_____

Comments _____

Attendance record satisfactory? Yes _____ No _____
 Has child been recommended for special services? Yes _____ No _____
 Has child received special services? Yes _____ No _____
 Has child been suspended or expelled? Yes _____ No _____
 Please indicate type of service _____
 Teacher signature _____ Phone Number _____

<u>Please fill out the information below before submitting to your child's school.</u>	
Parental signature for releasing above information _____	
School Name _____	Phone # _____
School Address _____	