



HOLY CROSS EPISCOPAL SCHOOL RECORDS RELEASE FORM

Please release to Holy Cross Episcopal School copies of all records for my

daughter/son, _____, who is currently enrolled in the _____ grade.

Date _____ Signature of Parent/Guardian _____

PARENTS: Please give this completed form to an official at your child's current school. They will forward cumulative school records directly to us.

SCHOOL OFFICIAL: Please send copies of the above student's grades, educational records, standardized and individual test scores/reports, and placement information to Holy Cross Episcopal School, 4400 Bell Road, Montgomery, AL 36116. This material is required for admissions decisions.

TEACHER EVALUATION FORM

Applicant's Name _____ Birth Date _____

Applying for Grade _____ for School Year _____

Dear Teacher/School Official:

Please complete both sides of this form and return to Holy Cross Episcopal School in the envelope provided. Return by the third Thursday in February for PK and K applicants. Return by the last Thursday in February for applicants for 1st – 6th grade. I understand that all information provided on this form will be held in confidence by the school. This information will only be used for the admissions process and will not become a part of the student's permanent record.

Date _____ Signature of Parent/Guardian _____

For each phrase or word below, please place a check under the category on the scale that you feel best describes this applicant. Also, please identify with an asterisk* any area(s) where the child demonstrates inconsistent performance. If you do not wish to complete this form but would be willing to speak personally with the Head of School, please check here _____, sign the form, and note your home telephone number. The Head of School will contact you.

* = Inconsistent Performance	Exceeds Expectations	Meets Expectations	Needs Improvement	Comments
Attention Span				
Ability to follow directions without frequent repetition				
Ability to work in a group				
Shows respect for authority				
Interacts well with peers				
Eager to learn				
Completes assigned tasks without excessive prompting				
Demonstrates self-control				
Ability to learn				
Follows school rules				
Accepts direction				
Recalls information previously taught				
Cooperation of parents				
Language arts / reading skills				
Math Skills				
Small motor coordination				
Large motor coordination				
	Rarely	Sometimes	Often	
Seeks attention				
Aggressive				
Easily frustrated				
Requires excessive time for learning				
Requires excessive time for discipline				
Tardiness				
Parental participation in school activities				
Absence				

Please make a brief comment on the following:

Recommendation for grade level placement for next school year _____

Parental expectations and/or attitude toward this child _____

Parental support of teacher's assignments and expectations of student _____

Child's strengths _____

Child's needs _____

Does child work to the level of his/her ability? _____

Is this student eligible to return to your school? _____

Please include other pertinent information _____

This student has been enrolled at this school for _____ years. I have known him/her for _____ years.

Signature

Position

School

Address

Telephone

City

State

Zip Code

Please check if you would like to have our Head of School contact you for additional information. _____

Please indicate your telephone number and convenient time to be reached: _____