



# Admissions Application-Teacher Reference

Dear Teacher

Please answer the following questions about the child named below to assist us in making a decision about enrollment. Please return this form directly to our school office at 3120 Covenant Road, Columbia, SC 29204. Attach additional pages if necessary. If you have any questions, please contact us at (803) 787-0225.

Sincerely in Christ,  
**Kevin M. Bolen**  
 Head Administrator

3120 Covenant Road  
 Columbia, SC 29204  
 Phone: (803) 787-0225  
 E-mail: cccs@covenantcs.org  
 Web: www.covenantcs.org

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**Waiver**

I hereby authorize my child's teacher to provide information to Covenant Classical Christian School as part of our admissions application. I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my child's educational needs insofar as the information is released solely to school officials who are evaluating my family's suitability for enrollment.

**Signature:** \_\_\_\_\_

An assessment of the above named student as compared with peers at current school:					
	Superior	Good	Average	Below Average	Poor
<b>Social/Emotional Development</b>					
Attention Span					
Ability to follow directions					
Ability to work in a group					
Attitude toward teachers					
Attitude toward peers					
Emotional maturity					
Child's initial adjustment to class					
Child's current adjustment to class					
<b>Physical Development</b>					
Small motor coordination: (Cutting, drawing, block building, handling manipulative equipment)					
Large motor coordination: (Running, skipping, climbing, jumping, kicking/throwing a ball)					
Health					
Predication of child's success					

Please continue on the back of the sheet.

	Superior	Good	Average	Below Average	Poor
<b><i>School Performance</i></b>					
Language Ability					
Fluency in English					
Vocabulary					
Conversational Skills					
Clarity of Speech					
Is English his/her primary language? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Mathematical Concepts					
Aesthetic development					
Art					
Music					
Dramatic Play					

Please make a short comment on the following:

1. Special needs (physical handicap or diagnosed disability): \_\_\_\_\_

2. Has outside professional assessment/support been recommended?  Yes  No Been Given?  Yes  No  
Please elaborate: \_\_\_\_\_

3. Attendance: \_\_\_\_\_

4. Parental expectation and/or attitude toward child: \_\_\_\_\_

5. Child's strengths: \_\_\_\_\_

6. Child's needs: \_\_\_\_\_

7. Other pertinent information: \_\_\_\_\_

This student has been enrolled in the school where I teach for \_\_\_\_\_ years.

I have known him/her for \_\_\_\_\_ years.

\_\_\_\_\_  
Signature, Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Your E-mail Address

\_\_\_\_\_  
Telephone