

Saint Joseph Catholic Parish School

958 Epps Bridge Parkway, Athens, GA 30606 706-543-1621 FAX 706-543-0149 or email to: tina.bortle@sjsathens.org

SCHOOL RECOMMENDATION (Grades 2-5)

To be filled out by applicant:

		Applying to grade:
Name of referring school)		
questions below and mail this informat	ion to Saint Joseph Ca	tholic Parish School at the above address.
Signature(s) of Parent/Guardian		Date
To be filled out by recommending	school personnel:	
Classroom teachers are encouraged to c Copies of this form may be made to acc		regarding the applicant's performance. f more than one teacher.
Name of School:		
		Phone Number:
		Zip:
Name of Principal:		
strictly academic offering a basic curric out are unable to offer remediation for	culum. We try to provid significant learning ne	Catholic Parish School. Our program is the for a normal range of learning differences teds of students. In the best interest of the students would you please answer the following
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6. Grade the following areas using the below criteria:	
1. Outstanding 2. Satisfactory 3. Below-Average 4. Area of	Concern
Academics:	
Religion Reading Comprehension Reading	Fluency
Math Spelling Social St	udies
Science English/Writing	
Student Behavior:	
Completes Assignments Class participation Study Habits C	onduct
7. Number of days absent during this school year?	
8. Has the child ever been suspended? If yes, please explain	
9. Reading Series and student level	
10. Math Series and student level	
12. In your dealings with parents, what is their attitude toward their child's learning	and study habits?
How have they cooperated with school policies and teachers' suggestions?	
13. Based on your knowledge and experience with this student, would you recomme	nd him/her for an
academically-based curriculum at Saint Joseph Catholic Parish School?	
Thank you for your cooperation and the extra time to fill in this form.	
Signature of person completing this form	Date
2 2 2	

Grade Level

Printed Name