



Santa Rosa Christian School

50 Mark West Springs Rd

Santa Rosa CA 95403

(707) 542-6414

Fax: (707) 542-0421

Applicant's Current School Evaluation

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Parent Release of Information:

You have my permission to provide the information on this form to Santa Rosa Christian School.

Signed _____

Student's Full Name: Last _____ First _____ Middle _____

School _____ Current Grade _____

To the applicant and parents: This form is to be given to the principal, counselor, or school official at the school of current or last attendance. Please have the individual complete and return to Santa Rosa Christian School as soon as possible.

To the principal, counselor, or school official: This form will be used in evaluating this student's application to Santa Rosa Christian School and as a guide to planning his/her course of studies. We appreciate your taking time to complete this form.

1. Please include a transcript of the student's grades and standardized test scores for the past two years.
2. How long have you known this student and in what capacity? _____
3. Please complete the following rating scales:

	Outstanding	Above Average	Average	Below Average
Overall Academic Ability:	_____	_____	_____	_____
Academic Achievement	_____	_____	_____	_____
Math Achievement	_____	_____	_____	_____
English Achievement	_____	_____	_____	_____
Motivation and Effort	_____	_____	_____	_____
School Behavior	_____	_____	_____	_____

4. Any history of the following:

	Yes	No	Comment
Substance Abuse	_____	_____	_____
Gang Affiliation	_____	_____	_____
Legal Difficulties	_____	_____	_____
Suspensions/Expulsions	_____	_____	_____

5. My overall recommendation for this student:

Recommend Strongly
 Recommend With Reservations
 Not Recommended

Signed _____ Title _____ Date _____

Please mail or fax this form directly to Santa Rosa Christian School in the envelope provided. Please also send a copy of this student's achievement test scores, most recent report card, and discipline records.