

ST. THERESE SCHOOL
206-324-0460, Fax: 206-324-8464

**FOR STUDENTS APPLYING TO GRADES 5-8
TO BE COMPLETED BY YOUR CHILD'S TEACHER**

You have been asked by (student name) _____ to complete a confidential record form as s/he applies to St. Therese School. Please complete this confidential form as accurately as possible and sign at the bottom of this page. Please send this completed form to:

Admissions Office
St. Therese School
900 35th Avenue
Seattle, WA 98122

Name of person completing form _____

Position _____

School _____

How many years has the applicant attended your school? _____

This year, how many times has the applicant been absent? _____ Tardy? _____

In the last three years, has the applicant ever been suspended? _____ Expelled? _____

Are the parents/guardians actively involved in the school community? _____ Always _____ Mostly _____ Rarely

Do the parents/guardians demonstrate respect for all members of the school community? _____ Always _____ Mostly _____ Rarely

Please describe the applicant's strengths and area of growth in terms of academic ability and school behavior.

I would like a telephone conference to provide further information: _____no _____ yes

Best time to call: _____ Phone # to call: _____

Signature of person recommending applicant: _____

Date: _____