

**ANNUNCIATION CATHOLIC ACADEMY**

**593 Jamestown Blvd.**

**Altamonte Springs, FL 32714**

**(407) 774-2801, FAX (407) 774-2826**

**REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE**

**Parent should have form completed by student's current school and returned directly to Annunciation Catholic Academy**

I give my permission for this form to be completed and returned to Annunciation Catholic Academy.

\_\_\_\_\_  
(Authorizing Signature of Parent/Guardian)

**Student's Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**School Currently Attending:** \_\_\_\_\_

**Attendance Record:**       satisfactory       not satisfactory

**I. Please grade the following areas by:**

E - excellent	G - good	F - fair	U - unsatisfactory
General Attitude _____		Cooperation _____	
Effort _____		Classroom Conduct _____	
Relationship with Teacher _____		Relationship with Peers _____	
School Study Habits _____		Home Study Habits _____	

**II. Please grade the following areas by:**

1. Outstanding progress	3. Below average progress	
2. Satisfactory progress	4. Failing to make necessary progress	
Reading _____	Math _____	Social Studies _____
Language Arts _____	Science _____	

**III. Has it ever been recommended that the student be tested for:**

			<b>Was testing completed?</b>	
Gifted program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech/language program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Results of the testing: \_\_\_\_\_

(Please attach copy if possible)

(Over)

**IV. Please describe any conditions (physical, emotional, language, family, etc.) of which the school should be aware in dealing with this student:**

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**V. Discipline - please comment:**

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**Signature of person completing report:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_

**Date:** \_\_\_\_\_