

AUTHORIZATION TO RELEASE STUDENT RECORDS

ST. JUDE THE APOSTLE CATHOLIC SCHOOL

TWICE RECOGNIZED NATIONAL BLUE RIBBON SCHOOL OF EXCELLENCE – 2014 AND 2003

7171 Glenridge Drive, NE
Atlanta, GA 30328
770-394-2880, Ext. 423

Parents: Please complete this form and send it directly to your child's current school

Student Name: _____

Current Grade: _____ Grade applying to: _____

Name of Current School: _____

Current School Address: _____

City: _____ State: _____ Zip: _____

Current School Telephone: _____

Print Name of Parent/Guardian _____

Signature of
Parent/Guardian _____ Date _____

The student named above is applying for admission to St. Jude the Apostle Catholic School. I authorize you to release all applicable information:

1. The student's grades for the most recently completed term at your school.
2. Complete grade records for **the previous two years**, if applicable.
3. Scores of standardized and IQ testing for **the previous two years**.
4. Report of psychological/psycho-educational evaluations if any.
5. Disciplinary records.
6. Special education reports and files (IEP) if any.

Please send the complete transcript to:

Mrs. Aileen Leahey, Director of Admissions
St. Jude the Apostle Catholic School
7171 Glenridge Drive, NE
Atlanta, GA 30328
770-394-2880 x423
770-804-9248 (fax)
admissions@saintjude.net

STUDENT EVALUATION FORM (Grades K-1)

ST. JUDE THE APOSTLE CATHOLIC SCHOOL

TWICE RECOGNIZED NATIONAL BLUE RIBBON SCHOOL OF EXCELLENCE – 2014 AND 2003

Parent: Please complete and sign the top portion of this form and send form to your child's current school.

Name of Applicant: _____ Applying to grade: _____

(Name of referring school): _____ has my permission to answer the questions below and mail this information to St. Jude the Apostle Catholic School at the above address.

Signature(s) of Parent/Guardian

Date

To: Classroom Teacher and Principal. Thank you for taking the time to complete this evaluation. Your observations are an important part of this student's application. All information will be held in confidence.

Name of School: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Name of Principal: _____

Applicant's length of time at this school: _____ Class Size: _____ Current grade: _____

Suggested grade placement for the upcoming year: _____

Maturity level: Young _____ Average _____ Above Average _____

1. Has this student ever been recommended for or identified as needing:

- Psycho-educational Testing Yes ___ No ___
- IEP/504 Plan Yes ___ No ___
- Special Education Yes ___ No ___
- Gifted Program Yes ___ No ___
- Grade Retention Yes ___ No ___

If the answer was yes to any of the above, to what degree are parents cooperative? _____

2. Classroom conduct: Frequent disruptions _____ Occasional misconduct _____ Usually good conduct _____ Good Conduct _____

In relation to other students, how much of your attention does this student require in regard to classroom conduct?

Significantly more ___ More ___ Average ___ Less ___ Significantly less ___

3. In relation to other students, how much of your attention does this student require in order to succeed academically?

Significantly more ___ More ___ Average ___ Less ___ Significantly less ___

4. Please describe any difficulties (physical/motor, learning, emotional, social, and behavioral, or language barriers that affect this student's progress:

5. Grade these areas using the following criteria:

1). Outstanding 2). Above Average 3). Satisfactory 4). Below Average 5). Area of Concern

• **Student Behaviors**

_____ Attending behaviors in a large group _____ Interaction with peers
_____ Ability to adapt to change in routine _____ Reaction to new situations
_____ Shows appropriate conflict resolution with peers

• **Language**

_____ Receptive: Follows directions and explanations
_____ Expressive: Speaks in age appropriate manner (Vocabulary, syntax, grammar)

• **Reading Readiness**

_____ Phonological awareness: Recognizes rhymes and actively participates in activities that play with sounds.
_____ Phonics: Beginning awareness of sound-letter correspondence

• **Math Readiness**

_____ Awareness of quantitative concepts (able to use manipulatives to show knowledge of numbers)
_____ Sorts and classifies by two properties

6. Do parents have a realistic picture of their child's ability? Yes _____ Sometimes _____ No _____

7. What is the parents' attitude and degree of involvement. Please comment _____

8. How well have the parents cooperated with school policies and teacher's suggestions? Please comment. _____

Thank you for your cooperation.

Evaluator's Name (please print): _____ Phone: _____

Evaluator's Signature: _____ Date: _____ Title: _____

Principal's Signature: _____ Date: _____

STUDENT EVALUATION FORM (Grades 2-8)

ST. JUDE THE APOSTLE CATHOLIC SCHOOL

TWICE RECOGNIZED NATIONAL BLUE RIBBON SCHOOL OF EXCELLENCE – 2014 AND 2003

Parent: Please complete and sign the top portion of this form and send to your child's current school.

Name of Applicant: _____ Applying to grade: _____

(Name of referring school): _____ has my permission to answer the questions below and mail to St. Jude the Apostle School at the above address.

Signature(s) of Parent/Guardian

Date

To: Classroom Teacher and Principal. Thank you for taking the time to complete this evaluation. Your observations are an important part of this student's application. All information will be held in complete confidence.

Name of School: _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip: _____

Name of Principal: _____

Student's length of time at this school: _____ Class size: _____ Current grade: _____ Suggested grade placement for next year: _____

Has this student ever been recommended for or identified as needing:

- Psycho-Educational Testing Yes___ No___
- IEP/504 Plan Yes___ No___
- Special Education Yes___ No___
- Gifted Program Yes___ No___
- Grade Retention Yes___ No___

Personal Qualities

Attitude toward school	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Cooperation	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Emotional Maturity	<input type="radio"/> Very Mature	<input type="radio"/> Age Appropriate	<input type="radio"/> Sometimes Immature	<input type="radio"/> Very Immature
Reaction to Criticism	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor

Classroom conduct/Discipline: Please comment on the student's behavior/attitude. _____

Academic Skills

Critical, Abstract Thinking	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> No basis for judgment
Intellectual Curiosity	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> No basis for judgment
Organizational Skills	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> No basis for judgment
Motivation	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> No basis for judgment
Determination	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> No basis for judgment
Creativity	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> No basis for judgment
Academic Potential	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> No basis for judgment

English/Language Arts **Excellent** **Above Average** **Average** **Poor/Limited**

Reading Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Expression – Grammar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Express – Composition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Math **Excellent** **Above Average** **Average** **Poor/Limited**

Knowledge of basic skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to grasp new concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analytical ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application of skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Area in which applicant has the greatest strengths: _____

Area in which applicant has the greatest needs: _____

Has applicant ever been a recipient of a special services program? (i.e. *gifted, learning, speech therapy, etc.*)

Please describe the parental support/involvement.

Thank you for your evaluation of this applicant. We greatly appreciate your cooperation.

Evaluator's Name: _____ Phone: _____

Evaluator's Signature: _____ Date: _____ Title: _____

Principal's Signature: _____ Date: _____

**ARCHDIOCESAN PARISH VERIFICATION FORM
2017-2018**

The Archdiocese of Atlanta defines "active parishioners" as those registered and worshipping members (i.e., who attend Mass weekly), and contribute of their time, talent, and financial resources to support the Parish. Active membership is to be determined by the parish in which the family is a member.

PLEASE PRINT:

Parents/Guardians Name _____ Home Phone _____

Work Number _____ Cell Phone _____

Street Address _____ City/State _____ Zip Code _____

Name of Parish _____ Date Registered _____

Our family has a stewardship pledge on file with the parish this year: Yes No

Our family participates in this year's Archbishop's Annual Appeal: Yes No

Please list ALL students planning to attend _____ School for the 2017-2018 school year even if acceptance has not been finalized. List the students' first and last names and the grade they will be entering.

Name _____ Grade in 2017-18 _____
First and Last Name

Name _____ Grade in 2017-18 _____
First and Last Name

Name _____ Grade in 2017-18 _____
First and Last Name

The information on this page is held in the strictest confidence. Please be as specific as possible. Attach additional sheets if needed.

We attend Mass: Regularly Frequently Infrequently Never

We are not Catholic but attend services at: _____
Church Name Address Phone No.

STEWARDSHIP OF TIME AND TALENT

Please list the ways that you and/or your spouse and children are involved in the ministries and activities of *your parish*.

We would like more information on volunteering at the parish: Yes _____ No _____

Please list the volunteer activities in which you have participated at School/Pre-School:

STEWARDSHIP OF TREASURE

Contributions are made to the Parish: Weekly Monthly Other (Please Specify)

Method of Contributions: Envelope Check Cash Electronic

NOTE: Cash contributions should be placed in parish offertory envelopes. Unfortunately, loose cash cannot be identified as yours and, therefore, will not count toward verification.

*** New Families Only**

Please indicate your child/children's religious education involvement.

Signature of Parent/Guardian _____ Date _____

For Parish Office Use Only:

This family is registered at _____ Parish.

This family is not registered at _____ Parish.

Based on the commitment of Time, Talent and Treasure, this family is considered:

Active Catholic Family Non-active Catholic Family Not a Catholic Family

Pastor's comments to support this designation: _____

Pastor's signature: _____ Date _____

Mail to: Mrs. Aileen Leahey
St. Jude the Apostle Catholic School
7171 Glenridge Drive, NE
Atlanta, GA 30328