

ST. BEDE SCHOOL

New Student Testing



Student name: _____

Entering Grade: _____

Date of testing: _____ Current School: _____

Application Fee Paid: _____ Yes _____ No

Forms Included In File:

_____ Birth Certificate _____ Immunization Records

_____ Proof Of Recent Physical Exam _____ TB Test

_____ Previous Report Card _____ Evaluation From Former School

_____ Standardized Test Scores _____ Baptismal Certificate

_____ First Communion Certificate (if applicable)

COMMENTS OF TEACHER ADMINISTERING TEST

Testing Scores:

Reading: _____

Mathematics: _____

Language: _____

Writing Sample:

Kindergarten Readiness (if applicable):

Social Observations:

Comments Concerning Previous School History:

Final Overall Recommendation To The Principal:

_____ Accept _____ Reject _____ Accept One Grade Down

_____ Accept on Behavior Probation _____ Accept with Sum School or Tutoring

Financial Aid Interest? BASIC: _____ FACE: _____ SCHOOL AID: _____

Signed: _____ Date: _____