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: ___________________