

PERMISSION FOR SCHOOL TO RELEASE STUDENT RECORDS

Grace Chapel Lutheran School □ 10015 Lance Dr. □ St. Louis, MO 63137

Phone: 314-867-6564 □ Fax: 314-868-2485

Name of Applicant _____ Applying for Grade: _____

Current/Most Recent School: _____ District: _____

School Address: _____

Part 1---Parent Release

The form below is to be completed by the Principal, Guidance Counselor, or current teacher at your child's most recent school. Grace Chapel will mail this form to the school. The school will mail this confidential reference directly to the Principal at Grace Chapel. This form will be used only for the admission process. A student will not be accepted until the principal has received this form.

I/we hereby authorize Grace Chapel Lutheran School to contact schools and other sources to obtain information to support this application and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/we release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Grace Chapel Lutheran School.

In order to complete the application, I/we authorize the release of my/our child's academic record and psychological testing scores as requested by Grace Chapel Lutheran School. After acceptance has been offered, I/we authorize release of the full record when transfer to Grace Chapel Lutheran School occurs.

Signatures of both parents/guardians

Date

Part 2—School Recommendation

This student is seeking admission to Grace Chapel Lutheran School. Christian conduct at Grace Chapel requires that all students be of good character and able to work cooperatively with their peers. Please complete parts A & B and return to the address listed above.

Part A

| | 1—Never | 2—Seldom | 3—Occasionally | 4—Most of the time | 5—Always | ?—Unknown |
|---|----------------|-----------------|-----------------------|---------------------------|-----------------|------------------|
| 1. Is the student performing at grade level? | 1 | 2 | 3 | 4 | 5 | ? |
| 2. Does the student work to his/her fullest potential? | 1 | 2 | 3 | 4 | 5 | ? |
| 3. Is the student often tardy to school or class? | 1 | 2 | 3 | 4 | 5 | ? |
| 4. Does the student obey the school dress code? | 1 | 2 | 3 | 4 | 5 | ? |
| 5. Does the student display a positive relationship with teachers? | 1 | 2 | 3 | 4 | 5 | ? |
| 6. Does the student display a positive relationship with peers? | 1 | 2 | 3 | 4 | 5 | ? |
| 7. Does the student work well in groups? | 1 | 2 | 3 | 4 | 5 | ? |
| 8. Does the student demonstrate emotional stability and exhibit self control? | 1 | 2 | 3 | 4 | 5 | ? |
| 9. Is this student an honest and forthright individual? | 1 | 2 | 3 | 4 | 5 | ? |

Part B

- | | | | |
|--|------|----------------------|-----------|
| 1. Is the student in good standing and eligible to re-enter your school if you offered the next grade level? | Yes | No | |
| 2. Has the student been involved in alcohol or drugs? | Yes | No | |
| 3. Has any disciplinary action ever been taken with this student? (if Yes, please include disciplinary file) | Yes | No | |
| 4. Does the candidate have any physical, social, or emotional limitations? | Yes | No | |
| 5. Are parents cooperative? | Yes | No | |
| 6. If your school is private or parochial, does the family meet its financial responsibilities for school bills on time? | Yes | No | N/A |
| 7. How would you compare this student to others whom you have observed in similar circumstances? | | | |
| Below Average | Fair | Good (above average) | Excellent |

Signature

Date

Title

School

Phone

City

State

Zip

After completing this form mail it to Grace Chapel Lutheran School along with the following:

- Copy of transcript/report card for the last two years.
- Discipline record, if any.
- Your school's grading scale/marketing system.
- Standardized Test scores for achievement, ability, and intelligence.

Additional Remarks: