

Evergreen Christian School  
**New Student Information**

Please respond to the following questions:

1. How did you hear about Evergreen Christian School? \_\_\_\_\_

2. What are your primary reasons for seeking to enroll your child at Evergreen Christian School?\_\_

**School History**

3. Is this your child's first school experience? \_\_\_ Yes \_\_\_ No

4. List all schools applicant has attended (include preschool)

5. Has your child ever been suspended, expelled, or asked to withdraw? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Name of School	Address	Grades	Reason for Leaving

6. Has your child ever repeated a grade? \_\_\_ Yes \_\_\_ No If yes, state grade: \_\_\_\_\_

**Learning/ Social Information:**

7. Child's academic strengths: \_\_\_\_\_

8. Does your child have difficulty with any of the following? If yes, check appropriate area and explain:

\_\_\_ Behavior \_\_\_ Attention \_\_\_ Work Habits \_\_\_ Oral Expression \_\_\_ Written Expression \_\_\_ Socialization

As a parent or guardian, I/we understand and give permission to Evergreen Christian School to contact third persons including but not limited to current pastor and schools attended by the applicant in order to obtain information related to my/our child's educational experience and the ECS admission evaluation.

\_\_\_\_\_  
Father's Signature (or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature (or guardian)

\_\_\_\_\_  
Date



**Academic Reference**  
Evergreen Christian School  
1010 Black Lake Blvd. SW  
Olympia, WA 98502

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Name of School Completing this form: \_\_\_\_\_

**Parent or Guardian** - Please write your child's name in the space above and read and sign the following statement before giving this form your child's teacher. Please include an addressed/stamped envelope to the address above.

*I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher** - Please complete this confidential form and return it to the school listed above in the envelope provided by the student/parent. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office.

Skills Ratings	Exceeds Expectations	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment (optional)
Listens and follows teacher's directions						
Contributes appropriately in group activities/discussions						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works Cooperatively						
Ability to transition from one activity to another						

Demonstrates ability to focus						
Ability to complete work in a timely manner						
Ability and willingness to express thoughts/ideas verbally						
Clarity of writing						
Grammar/Mechanics skills						
Reading rate and fluency						
Reading Comprehension						
Knowledge and usage of vocabulary						
Imagination and creativity						
Problem-solving skills						
Willingness to take risks						
Reads for pleasure						
Numbers sense <i>(if applicable)</i>						
Spatial sense <i>(if applicable)</i>						
Academic curiosity						
Academic drive or pursuit <i>(if applicable)</i>						

<b>Social Skills</b>	<b>Consistently</b>	<b>Sometimes</b>	<b>Seldom</b>	<b>Never</b>	<b>Please Comment (optional)</b>
Responds positively to constructive criticism					
Establishes friendships easily					
Responds to social cues					
Is comfortable working in a group					
Respectful of property (personal and others)					
Accepts responsibility for actions					
Demonstrates self-control					

Takes responsibility for belongings					
Demonstrates appropriate energy level					
Exhibits emotional maturity					
Takes pride in appearance					
Demonstrates care for others					

**Circle the words that best describe this applicant:**

- |              |                    |                 |                  |              |
|--------------|--------------------|-----------------|------------------|--------------|
| Aggressive   | Disobedient        | Honest          | Oppositional     | Shy          |
| Anxious      | Easily discouraged | Immature        | Over-protected   |              |
| Self-reliant |                    |                 |                  |              |
| Cheerful     | Flexible           | Impulsive       | Perfectionist    | Spirited     |
| Confident    | Follower           | Manipulative    | Positive leader  | Well-liked   |
| Curious      | Helpful            | Negative Leader | Self-disciplined | Other: _____ |

Has this student ever been served by an IEP (Individual Education Plan), 504 plan or any other special education services program? If so, please circle any areas the student has received support:

- Math
- Reading
- Oral language (speech)
- Occupational therapy
- Physical therapy
- Behavioral therapy

Does the student have any cognitive, behavioral, academic or social challenges which the school should be aware of so that we can best serve the student's unique educational needs? If so, please explain:

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**OPTIONAL:**

Please describe the student's academic/social strengths, assets and gifts:

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Please describe the student's academic/social challenge and areas of support:

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Please add any additional information that would provide a more complete picture of the student and family:

**This applicant is (circle one):**

Strongly Recommended      Recommended      Recommended with Reservation      Not Recommended

**I would (circle one):**    like to                      be willing to                                      discuss this applicant by telephone.

Teacher Verification

Teacher Signature:	Date:
Print name:	School Address:
Teacher email:	
Phone:	

Director/Principal Verification:

	Consistently	Usually	Seldom	Not observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Principal:	Date:			