

REDWOOD CHRISTIAN SCHOOLS 4200 James Avenue, Castro Valley, CA 94546  
ELEMENTARY ACADEMIC REFERENCE (Grades 2-6) 091103

TO PARENTS OR GUARDIAN: Please complete information needed in the next paragraph and submit to current principal or teacher for completion of the remaining portion of this form.

"I, the parent/guardian, authorize you to release information on the below-named student as requested by Redwood Christian Schools."

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_ is applying to Redwood Christian Schools for grade \_\_\_\_\_. Please fill out the following information on this prospective student.

Please return this form to the above address at your earliest convenience. Thank you.

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TO BE COMPLETED BY THE PRINCIPAL OR TEACHER OF THE SCHOOL PREVIOUSLY ATTENDED.

Attendance: Good [ ] Average [ ] Poor [ ] Comment, if poor \_\_\_\_\_

Number of years in your school: \_\_\_\_\_

Mental Test Data: Name of Group Test \_\_\_\_\_ Date \_\_\_\_\_

C.A. \_\_\_\_\_ M.A. \_\_\_\_\_ I.Q. \_\_\_\_\_

Name of Individual Test \_\_\_\_\_ Date \_\_\_\_\_

C.A. \_\_\_\_\_ M.A. \_\_\_\_\_ I.Q. \_\_\_\_\_

Achievement Test Data: Name of Test \_\_\_\_\_ Date \_\_\_\_\_

Grade placement or percentile in: Mathematics \_\_\_\_\_ Reading \_\_\_\_\_ Language \_\_\_\_\_

Student's work habits \_\_\_\_\_

Social adjustment \_\_\_\_\_

Behavior record \_\_\_\_\_

List any chronic health conditions \_\_\_\_\_

What special study has been made of this student, if any? \_\_\_\_\_

Type of remedial work given: \_\_\_\_\_

Comments: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Principal or Teacher

Name of School \_\_\_\_\_ E-mail \_\_\_\_\_