

## REFERRAL FORM FOR GRADES 1 - 8 2025-26

3886 Chestnut Avenue, Concord CA 94519 925-689-3990

This form is required for applicants for grades 1 through 8. The first section is to be completed by the applicant's parent. Please give to the child's current teacher or principal for completion and submission to St. Agnes.

## TO BE COMPLETED BY PARENT

Stu	ident's name	Current grade
	ease release the requested information arch 1, 2023. Thank you!	for my child and return to St. Agnes School by fax or mail by
Par	rent's name	Date
Par	rent's signature	
TC	D BE COMPLETED BY STUDENT	'S CURRENT TEACHER/PRINCIPAL
Sch	nool currently attending	
Sch	nool address	
Sch	nool phone	
Ler	ngth of time in this school	Attendance record
1.	Please rate the following areas using t	his code: E = Excellent, G = Good, F = Fair, U = Unsatisfactory
	General attitude:	Cooperation:
	Effort:	Classroom conduct:
	Relationship with teacher:	Relationship with peers:
	School study habits:	Home study habits:
2.	Please rate the following areas using 3 = Below average progress, 4 = Fail	this code: 1 = Outstanding progress, 2 = Satisfactory progress, ling to make the necessary progress
	Reading:	Math: Social Studies:
	Language Arts:	Science:
3.	Final grade from last issued report card	/ most recently taken test:
	Report card date of issue:	
	Reading score: Langu	age Arts score:
	Standardized test name	Date
	Math score:	

4.	Please describe any disabilities (physical, emotional, mental, language barriers, family situations, etc.) which affect the applicant's progress:		
5.	Student's current reading level:		
	Books read:		
6.	Student's current math level (please explain):		
7.	Discipline (please explain):		
Naı	me of person completing report:		
Title:			
Signature:		Date	
Sch	nool name:		
Sch	nool address:		
Sch	nool phone:		
inc	lusive dates child attended your school:		

Thank you for your time and assistance in completing this form.