



This student has applied for admission to Queen of All Saints Catholic Academy, which requires completion of the following form as part of the application. Thank you for your time.

Please complete and mail or fax the form directly to:

Queen of All Saints Catholic Academy

Attn: Admissions

300 Vanderbilt Ave

Brooklyn, NY 11205

Tel: 718-857-3114

Fax: 718-857-0632

Student's Name: _____ Entering Grade: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

How long have you known this student and in what capacity?

What are the first three words that come to mind when describing this student?

1. _____ 2. _____ 3. _____

Please comment on noteworthy strengths and challenges of this student:

Academically:

Socially:



How would you characterize the participation of this applicant's family, including the family's involvement/relationship with the school:

To your knowledge, how does the child's achievement compare to his/her ability? Why?

To your knowledge, have all financial obligations been met? (Please confirm with school office)

Is the student receiving support services (e.g. Speech, OT, PT, SEIT, SETSS)? Specify:

What more would you like to share about the applicant?



Academic Achievement	<input type="checkbox"/> below expectations	<input type="checkbox"/> reaching expectations	<input type="checkbox"/> meeting expectations	<input type="checkbox"/> exceeding expectations
Written Expression	<input type="checkbox"/> below expectations	<input type="checkbox"/> reaching expectations	<input type="checkbox"/> meeting expectations	<input type="checkbox"/> exceeding expectations
Oral Expression	<input type="checkbox"/> below expectations	<input type="checkbox"/> reaching expectations	<input type="checkbox"/> meeting expectations	<input type="checkbox"/> exceeding expectations
Social Development	<input type="checkbox"/> has great difficulty working with others	<input type="checkbox"/> sometimes has difficulty working with others	<input type="checkbox"/> usually effective working with others	<input type="checkbox"/> always effective working with others
Independence and Self-Efficacy	<input type="checkbox"/> has great difficulty working independently	<input type="checkbox"/> sometimes has difficulty working independently	<input type="checkbox"/> usually effective working independently	<input type="checkbox"/> always effective working independently
Classroom Conduct	<input type="checkbox"/> frequently disruptive	<input type="checkbox"/> occasionally disruptive but generally on task	<input type="checkbox"/> usually on task and compliant with classroom routines	<input type="checkbox"/> always on task and exemplary model of conduct
Effort/Drive	<input type="checkbox"/> distracted	<input type="checkbox"/> sporadic	<input type="checkbox"/> consistent	<input type="checkbox"/> exceptional
Leadership Potential	<input type="checkbox"/> not there yet	<input type="checkbox"/> growing	<input type="checkbox"/> developed	<input type="checkbox"/> exemplary



Please use the space below to add additional comments:

Thank you very much for your time!

Signature: _____ Date: _____

Print Name: _____ Position: _____

If we have further questions, do we have permission to contact you? (Yes) (No)

If yes:

Phone Number: _____ Best time: _____

Email: _____