



St. Martin's School

115 South Frederick Avenue
Gaithersburg, Maryland 20877

301-990-2441
Fax 301-990-2688
<http://www.smsmd.org>

**REQUEST FOR INFORMATION FOR REGISTERING STUDENTS
GRADES 1 – 8**

I give permission for this form to be completed and returned to St. Martin's School.

Date _____ Parent Signature _____

Student's Name _____ Current Grade _____

School Currently Attending _____

(To be completed by School Personnel)

Attendance record: _____

I. Please grade the following areas by:

E – Excellent G – Good F – Fair U – Unsatisfactory

General Attitude _____ Effort _____ Cooperation _____

Classroom Conduct _____ School Study Habits _____

Home Study Habits _____

Relationship with teacher _____ Relationship with peers _____

II. Please grade the following areas by:

1 – Outstanding progress 2 – Satisfactory progress

3 – Below average progress 4 – Failing to make the necessary progress

Reading _____ Math _____ Social Studies _____

English _____ Science _____ Phonics _____

III. Most recent achievement test (Name) _____

Form _____ Date _____

Percentile Reading: _____

Stanine Score: Reading: _____

Percentile Math: _____

Stanine Score: Math: _____

Percentile Total Battery _____

Stanine Score: Total Battery: _____

Most recent Test of Cognitive Abilities (Name) _____

Form _____ Date _____ Score _____

IV. Please describe any disabilities (physical, emotional, mental; language barriers; family situation; etc.) which affect the applicant's progress. (Attach additional pages if necessary.)

V. Reading series and present level of child. Please explain _____

VI. Math series and present level of child. Please explain _____

VIII. Discipline – Please comment _____

Signature of person completing report

Date

Signature of Principal

Date

Thank you for your assistance.



Revised: January 25, 2008