

SCHOOL OF THE EPIPHANY

600 Italy Avenue
San Francisco, California 94112-3599
Tel (415) 337-4030 Fax (415) 337-8583
<http://www.sfepiphany.org>

Request for Information Prior to Acceptance

*Please complete BOTH SIDES of this form and **return it directly to the School of the Epiphany** via mail or fax at 415-337-8583. Application and acceptance are not complete until receipt of this form. Thank you.*

RELEASE OF INFORMATION (TO BE COMPLETED BY PARENT)

TO:

Present School: _____ Grade: _____

School Address: _____

School Phone: _____

The following student is applying for admission to the School of the Epiphany.

Please release the requested information for my child _____ by mail or fax to Epiphany School at **415-337-8583**.

Parent Signature

Date

TESTING DATA (TO BE COMPLETED BY PRESENT SCHOOL)

FALL Testing ____ OR SPRING Testing ____

Please indicate test scores (National Percentile Ranking):

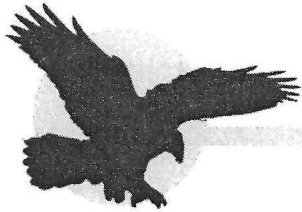
Name of Exam: _____

Reading: ____

Language Arts: ____

Math: ____

Complete Battery Score ____



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NAME OF STUDENT: _____

GRADE: _____

PERFORMANCE INFORMATION (TO BE COMPLETED BY PRESENT SCHOOL)

Please rate the following areas using the following rubric:

O = Outstanding S = Satisfactory N = Needs Improvement U = Unsatisfactory

Uses self control _____	Listens attentively _____	Effort _____
Home study habits _____	School study habits _____	Completes assignments _____
Shows initiative _____	Takes pride in work _____	Respects authority _____
Obeys school rules _____	Relationship with teachers _____	
Attendance _____	Relationship with peers _____	
Tardies _____		

Describe the parent's attitude and degree of involvement. _____

Has this child been recommended for Special Education? Yes No

If yes, please explain: _____

Please describe any disabilities (physical, emotional, mental, language barriers, family situations, etc.), which could affect the applicant's progress: _____

Other helpful comments? _____

Do you recommend this child for promotion to the next grade? Yes No

May we contact the school for additional information? Yes No

_____ Date

_____ Teacher / Principal Signature