



Providence Classical School

6006 Spring Cypress Road • Spring, Texas 77379 • 281-320-0500 • Fax: 281-379-2039
www.pcsclassical.org

Teacher Referral / Upper School Applicant

Please mail or fax directly to Providence Classical School. Responses will remain confidential. Thank you.

DATE: _____

STUDENT INFORMATION:

Name: _____ Age: _____ Grade: _____

School Now Attending: _____

Please rate the student in each of the following categories:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
• Classroom behavior	_____	_____	_____	_____
• Respects authority	_____	_____	_____	_____
• Peer relations	_____	_____	_____	_____
• Handles responsibility	_____	_____	_____	_____
• Leadership	_____	_____	_____	_____

Should you need more space to answer, please feel free to use the back of this form or attach another sheet.

Please describe how long and in what capacity you have known the applicant.

In a few words, please describe this student.

Are there any learning disabilities or related issues about which we should be aware? Yes No
If yes, please describe.

To your knowledge, has this student been disciplined at school for infractions? If yes, please explain.

Is this student helpful or a hindrance in the classroom? Please explain.

To the best of your knowledge, are the parents active and supportive in the educational process?
Please give an example.

Are there any other factors—positive or negative—about which we should be aware that are relevant to his/her admittance to our school?

Would you recommend the applicant for admission to our school? Feel free to explain.

Enthusiastically _____ Confidently _____ With reservations _____ No _____

Name: _____ Signature: _____

Address: _____

Phone: _____ E-mail: _____

Thank you for taking the time to complete this referral.