| Parent/Guardian Observation | | | | | | | |
|--|--|--|--|--|--|--|--|
| Applicants Full Name | | | | | | | |
| First / Middle / Last Birthdate Ra | ace Male Female | | | | | | |
| | Preferred Preschool or Kindergarten session: AM PM | | | | | | |
| We will tr | y to honor your preference, but cannot guarantee it. | | | | | | |
| Years at CCS (returning students): P K 1 2 3 4 5 6 7 8 (please circle) Years anticipated at CCS: P K 1 2 3 4 5 6 7 8 (please circle) (please circle) | | | | | | | |
| Your name | Relationship to applicant | | | | | | |
| APPLICANT'S PRIOR SCHOOLING INFORMATION | How does your child respond to new situations? | | | | | | |
| School Name | | | | | | | |
| Street Address | | | | | | | |
| City/State Zip | | | | | | | |
| Phone | | | | | | | |
| Most Recent Teacher | | | | | | | |
| Dates Attended | | | | | | | |
| Level(s) Attended: P K 1 2 3 4 5 6 7 8 | | | | | | | |
| Any grade(s) repeated? | | | | | | | |
| Was the child dismissed or suspended? | | | | | | | |
| Was the applicant evaluated for special education, | Does your child prefer working alone or with | | | | | | |
| resource or gifted programs? | others? | | | | | | |
| Is an IEP currently in place, or has one been in place in the | | | | | | | |
| past? | | | | | | | |
| If yes, please explain results: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Reason for transfer: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| When is your child the happiest? (Reading, playing with friends, outdoors, etc.) | Does your child tend to lead others or follow? | | | | | | |
| playing with menus, butdoors, etc.) | | | | | | | |
| | | | | | | | |
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| frustrated? | When your child is uncooperative, what have you found to be the most effective way to gain his/her cooperation? |
|--|---|
| Does your child work/play for short spans of time or steadily at a project of game? | Does your child generally feel successful or does he/she need a lot of praise to keep at a task? |
| What are the most important accomplishments you would like for us to help your child achieve this next year? | What are the most important accomplishments your child has achieved in the last year? |
| Has your child had difficulty in learning to obey authority other than yourself? If yes, explain. | What activities in your home foster a Christian lifestyle? |

Centralia Christian School Admissions Form E

Friends Confidential Student Reference

______ is applying for admission to Centralia Christian School. Please fill out the form below to help us better know the applicant. Answer only those questions about which you have knowledge. The information you give will be kept in strict confidence. Please mail this form directly: **Centralia Christian School, P.O. Box 1209, Centralia, WA 98431**

Please check the adjectives most nearly describing the applicant's following characteristics:

| HOW WELL DO YOU KNOW THIS CANDIDATE? | Considerable personal contact | | Occasional contact | | | From records only | |
|---|-------------------------------|---|--|-----------------------------|---------------------------------------|-------------------|--|
| CHARACTER: To what extent is his/her character to be relied upon? | Completely trustworthy | Dependable | Occasionally needs watching | Attempts minor deceptions | Often dubious | Not known | |
| INDUSTRY: Does he/she give his/her best effort and posess determination in the face of difficulty? | Consistent hard worker | Industrious | Average | Takes things easily | Easily discouraged | Not known | |
| ACHIEVEMENT: How well does he/she employ his/her talents? | Distinctly an overachiever | Superior results in relation to ability | Achieves satisfactorily | Performance spotty | Poor results in relation to ability | Not known | |
| COURTESY: | Outstandingly considerate | Mannerly | Usually polite | Often negligent | Rough and uncouth | Not known | |
| SOCIABILITY: | Extroverted and gregarious | Open and friendly | Reserved and approachable | Shy and introverted | Sullen | Not known | |
| CHOICE OF ASSOCIATES: | Picks the best | Travels in good group | Has a few friends who are not helpful | Unselective | Has troublesome associates | Not known | |
| LEADERHIP: | Highly influential for good | Respected but slow to lead | Independent, follows but with discrimination | Follows indiscriminately | Leads in undesirable directions | Not known | |
| EMOTIONAL STABILITY: | Exceptionally stable | Well balanced | Normal | Excitable | Highly emotional | Not known | |
| | | | | Lethargic | Apathetic | | |
| Are you aware of any red NO VES—If y In consideration of all School? | ves, please give appro | ximate date and you | nr knowledge of the a | applicant's action(s) |). Please attach a sep | | |
| Most hi | ghly | _ With confidence | e As a | cceptable _ | Not recom | mended | |
| Signa | Signature | | | lationship | | Date | |

| CONFIDENTIAL STUDENT INFORMATION |
|--|
| Student Name Grade applying for |
| THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL |
| 1. Has your child ever received special educational services in any of the following areas? To hav been placed in any of these special programs, the student would have been tested individual and an Individual Education Plan (IEP) would have been written. |
| Continuing Student Date Dismissed |
| Speech and language Therapy |
| Special Class |
| Resource Specialist Program |
| Occupational Therapy |
| Comments: |
| |
| |
| |
| 2. Has the student been assessed by Student Support Services? NO YES |
| If yes, please give date: |
| 3. Does your child have any problems of which we should be aware? NO YES |
| If yes, please explain: |
| |
| |
| 4. Do you have any areas of special concern? NO YES |
| If yes, please explain: |
| |
| |
| 5. Has your child ever repeated a grade? NO YES |
| If yes, please explain |
| |
| |
| |
| Parent Signature Date |