

## SCHOOL RECOMMENDATION FOR PRESCHOOL I, II, AND KINDERGARTEN

-To be filled out by School-

Name of Applicant:		Applying for: <input type="checkbox"/> Pre I <input type="checkbox"/> Pre II <input type="checkbox"/> Kindergarten	
Date of Birth:	mm/dd/yyyy	Current Grade:	

This student is seeking admission to Chapel School. In order to consider the student for admission, we ask you to evaluate this student's strengths and weaknesses, both as a student and as a child. Your honesty will help ensure that Chapel School is the proper setting for the applicant. This information will remain confidential and will not be released to anyone.

Name of evaluator		Position	
E-mail		Phone Number	
Signature		Date	mm/dd/yyyy

Name of present school or tutor if child is not attending any school:		
Phone Number:		
Length of time acquainted with student:		
How often do you have contact with this student?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally	

**Please complete the following readiness checklist about the student applying to the  
Early Childhood Educational Center at Chapel School**

**Does the Student:**

- Adjust easily to new places and people?  Yes     No

Comments:

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- Easily separate from home and parents?  Yes     No

Comments:

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- Show appropriate classroom behavior? Yes No

Comments:

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- Maintain self-control? Yes No

Comments:

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- Works and plays well with peers? Yes No

Comments:

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- Accept and follow school rules and routines? Yes No

Comments:

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- Have adequate concentration for his/her age? Yes No

Comments:

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- Show good listening skills? Yes No

Comments:

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**Please include any additional information that you feel would help us better meet the needs of this student.**

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Please return this form by mail, fax or e-mail.

**Chapel School  
Escola Maria Imaculada  
Admissions Office**

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web page: [www.chapelschool.com](http://www.chapelschool.com)

**Thank you very much for completing this evaluation. All the information will be held in confidence.**