

PERMISSION FOR SCHOOL TO RELEASE STUDENT RECORDS

Mr. Jeff Burkee, Principal, Salem Lutheran School, 5190 Parker Rd., Florissant, MO 63033

Name of Applicant _____ Grade for which applying _____

The form below is to be completed by the Principal, Guidance Counselor or current teacher of your child's most recent school. The person(s) will mail this confidential reference directly to the Principal at Salem Lutheran School. A parent cannot hand carry this form to Salem Lutheran School. This form will be used only for the admission process. The admission process will not continue until this information is received.

I/we hereby authorize Salem Lutheran School to contact schools and other sources to obtain information to support this application and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Salem Lutheran School.

In order to complete the application, I/we authorize the release of my/our child's academic record and psychological testing scores as requested by Salem Lutheran School. After acceptance has been offered, I/we authorize release of the full record when transfer to Salem Lutheran School occurs.

Date _____ Signatures of both
Parents/Guardians _____

SCHOOL RECOMMENDATION

This student is seeking admission to Salem Lutheran School. The Christian conduct that we demand of our students at Salem Lutheran School requires that all students be of good character and able to work cooperatively with their peers.

Please complete this form and mail it to Salem Lutheran School with a copy of the transcript of marks earned for the last two years, the current year to date, the marking system you use (A=90-100 for example), and the most recent standardized test scores for achievement, ability and intelligence. Please show percentiles or stanines and whether national or independent school norms were used.

We would appreciate your observations about the areas listed below. You may indicate your ratings (1 to 5) by circling the appropriate number. Please use the question mark where you have insufficient evidence on which to make a judgement. If you wish to discuss this student personally rather than complete this form, please check here ____ sign the form and note your telephone number. The Principal will contact you.

1 - Never 2 - Seldom 3 - Occasionally 4 - Most of Time 5 - Always ? - Unknown

1.	Is the student performing at grade level?	1	2	3	4	5	?
2.	Does the student work to his/her fullest potential?	1	2	3	4	5	?
3.	Does the student display exemplary promptness to class and attendance?	1	2	3	4	5	?
4.	Does the student display an interest in personal appearance?	1	2	3	4	5	?
5.	Does the student display a cooperative and positive attitude with you, the teacher?	1	2	3	4	5	?
6.	Does the student display a friendly and positive relationship with peers?	1	2	3	4	5	?
7.	In group activities does the student display a cooperative attitude?	1	2	3	4	5	?
8.	Does the student demonstrate emotional stability exhibiting self-control?	1	2	3	4	5	?
9.	Do you consider this student an honest and forthright individual?	1	2	3	4	5	?

We would appreciate receiving your answers to the following questions that relate to the student. Please feel free to elaborate on your answers on the bottom of this form.

1. Is the student in good standing and eligible to re-enter your school at the next grade level? 9 Yes 9 No
2. Has the student been involved with alcohol or drugs? Yes No
3. Has any disciplinary action ever been taken with this student? Yes No
4. Has the student any physical, social or emotional limitations? Yes No
5. Are parents cooperative? Yes No
If your school is private or parochial, does the family meet its financial responsibilities for school bills on time? Yes No
6. How would you compare this student to the others whom you observed in similar circumstances?
Below Average Fair Good (above average) Excellent

Please use the bottom of this form to make further remarks if needed. You may ask a teacher who knows the candidate to make remarks on the bottom of this form. If you do not wish to complete this form, please sign and note your telephone number. Our Principal will call you.

Date _____ Signature _____ Title _____

Printed Name (Mr., Mrs., Miss, Ms., Dr.) _____

School _____ Phone Number _____

Address _____ City _____ State _____ Zip _____
(Area Code)

After completion, **PLEASE ATTACH A COPY OF THE TRANSCRIPT FOR THE LAST TWO YEARS AND FOR THE CURRENT YEAR TO DATE.** Also, please **ATTACH A COPY OF THE MOST RECENT STANDARDIZED TEST SCORES.**

Mail to: Mr. Jeff Burkee, Principal, Salem Lutheran School, 5190 Parker Rd., Florissant, MO 63033. OR Email to Jburkee@SalemBJMO.org. The school telephone number is (314) 741-8220. Thank you.

REMARKS: