

The Learning Academy
Of College Park



1805 Harvard Avenue
College Park, GA 30337
404-766-9252

Previous School Form

Parents:

Please complete the information in this box and submit the form to the school your child is presently attending.

(Name of Student) _____ has applied for admission to The Learning Academy of College Park for the year 2006-2007.

(Name of referring school) _____ has my permission to answer the questions below, release the information requested, and mail to The Learning Academy of College Park at the above address.

I waive any right of access to information provided in this form.

Signature of Parent/Guardian _____ Date _____

Teacher : Please complete this confidential form and send along with transcripts to The Learning Academy of College Park.

In the best interest of the child seeking admission to The Learning Academy, please answer the following questions.

1. Length of time the student has attended your school _____
2. Grade placement for the current academic school year, 2004-2005 Grade _____
3. Suggested grade placement for the coming school year, 2005-2006 Grade _____
4. Has the student ever been recommended for or identified as needing:
 - a. Psychological Testing Yes _____ No _____
 - b. Special Education Yes _____ No _____
 - c. Gifted Program Yes _____ No _____
 - d. Grade Retention Yes _____ No _____
 - e. Tutoring Yes _____ No _____

If the answer was **YES** to any of the above, did the parents follow through? YES NO
Is there a psychological on file for this student? YES NO

5. Rate this child using the following criteria:

E – Excellent G – Good S – Satisfactory N – Needs Improvement U - Unsatisfactory

_____ Academic Achievement _____ Attention Span _____ Effort
_____ Respect for others _____ Academic Ability _____ Study Habits
_____ Classroom Conduct _____ Attendance _____ Works Well in a Group
_____ Self Control _____ Obeys Rules _____ Listens/Follows Directions
_____ Respects Authority _____ Arrives on Time _____ Responds to Correction

Comments: _____

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6. Has the child ever had a serious conduct issue or out-of-school suspension? **YES** **NO**

If **YES**, please explain _____

7. Reading level: Above grade level On grade level Below grade level

8. Math level: Above grade level On grade level Below grade level

9. Rate parents' attitude toward the following:

	Excellent	Good	satisfactory	unsatisfactory
Interested in child's progress				
Follows school policies				
Pays tuition/fees on time				
Accepts teacher suggestions				
Lets child take responsibility For actions				

Comments: _____

Please send the following transcripts along with this completed form:

- 1. Report Card for the most recently completed term at your school, including conduct grades and/or remarks.**
- 2. Cumulative academic grade records from your school and any other school from which you have received records, including health records and conduct/discipline records.**
- 3. Scores of all standardized testing and other pertinent information.**
- 4. Psychological Evaluations, if any.**

Thank you for your cooperation and extra time to fill in this form.

Name of person completing this form _____

Title _____ Date _____

School Name _____

School Address _____

School Phone Number _____

Name of Principal/Director _____

PLEASE MAIL THIS FORM DIRECTLY TO:

**The Learning Academy of College Park
1805 Harvard Avenue
College Park, Georgia
30337**