



Calvin Christian School

Sending School Questionnaire for Kindergarten

This form is to be presented by the parent/guardian of the applicant on behalf of Calvin Christian School, to be completed by the Principal/Coordinator of the student's current School/Daycare/Nursery Program.

To be completed by Parent/Guardian:

Application for Kindergarten for school year: 20____ / 20____

Student Name: _____ Name of Current School/Program: _____

The parent/guardian of the student named on this form agrees to permit their current school/program to release the information requested below to Calvin Christian School for the purposes of its application process.

Signature of parent/guardian of the applicant: _____ Date: _____

To be completed by the Principal/Coordinator of the School/Daycare/Nursery Program

The student named above has applied for admission to Kindergarten at Calvin Christian School. We would appreciate your comments regarding this student as we proceed with the admissions process. This information will help us address the student's needs and will be kept in strict confidence. Your frank rating and comments will ultimately aid the student, his/her family, and our school. Please return this form as soon as possible by email to: ccsoffice@calvinchristian.mb.ca or by FAX to (204)339-3280.

Has the student ever been referred to or received any of the following (specify on the back of this sheet):

- Occupational Therapy
- Speech and Language Development
- Psychological Services
- EAL Programming
- Other (Please specify)

Please circle below	Poor = 1	Excellent = 5	Comments
Co-operation	1	2 3 4 5	
Academic ability	1	2 3 4 5	
Academic achievement	1	2 3 4 5	
Class participation	1	2 3 4 5	
Relationship with peers	1	2 3 4 5	
Relationship with teachers	1	2 3 4 5	
Responsibility	1	2 3 4 5	

Would this child require additional supports to be successful in Kindergarten? Please specify.

Has this student demonstrated behaviour management issues? Severe ____ Minor ____ Not at all ____

Additional Comments:

Your name (please print): _____ Position: _____

Your signature: _____ School/Program: _____

Date completed: _____