

Registration Packet

2017-2018



Admission Application

Please complete and return this application with the non-refundable application fee to:

Learning Tree Elementary School

Learning to love God and others Teaching to think Equipping to serve Showing Jesus to all
Providing Quality Christian Education for Preschool Through 8th Grade

300 South Tibbs Road, Dalton, Georgia 30720
www.LearningTreeSchool.org
706-278-2736

STUDENT'S NAME

GRADE

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NEW AND RETURNING STUDENT INSTRUCTIONS

NEW STUDENT INSTRUCTIONS:

1. Complete and return this Admissions Application with the non-refundable application fee (see page 13), and the Request for Records form (attached).
2. Provide the school with two references:
 - a. Previous classroom teacher
 - b. Pastor or adult who knows the student well (not a family member)
3. Interview with principal
4. Upon acceptance, the following documentation and completed paperwork will be required:
 - a. State certified copy of Birth Certificate
 - b. Georgia State Certificate of Ear, Eye and Dental Examinations
 - c. Georgia State Certificate of Immunization or notarized waiver. In addition, students entering into 7th grade need proof of:
 - i. An adolescent pertussis (whooping cough) booster immunization (called “Tdap”) or a signed, notarized immunization waiver.
 - ii. An adolescent meningococcal (meningitis) vaccination or a signed, notarized immunization waiver.
 - d. School Entry Medical Examination
 - e. Signed Financial Agreement (will be mailed to you by our treasurer).

RETURNING STUDENT INSTRUCTIONS:

1. Complete and return this Admissions Application with the \$100 non-refundable application fee.
2. Students entering into 7th grade need proof of the following:
 - a. An adolescent pertussis (whooping cough) booster immunization (called “Tdap”) or a signed, notarized immunization waiver.
 - b. An adolescent meningococcal (meningitis) vaccination or a signed, notarized immunization waiver.
3. Upon acceptance, the following documentation and completed paperwork will be required:
 - a. Signed Financial Agreement (will be mailed to you by our treasurer).

(E) CONSENT FOR MEDICAL TREATMENT

This consent will be kept in a separate file. It is of utmost importance that it be filled out in its entirety.

Parent/Guardian _____ Daytime phone number _____

Address _____

Student's physician _____ Phone _____

Health insurance company _____ Policy # _____

Is this student currently taking any medications? Y__N__ Explain _____

Does this student have any allergies? Y__N__ Explain _____

Does this student have any current or previous illnesses a doctor should know about in the case of an emergency?

Y__N__ Explain _____

In the event that the student, _____, becomes ill or is injured while under school supervision, I approve the school authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency, when neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician, or in transporting the student to the nearest hospital for consultation and/or treatment. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. Transportation is to be done either by school provided transportation, or if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, the student needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, or empower the Principal or his designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal, or her designated representative, and Learning Tree from any liability which might arise from the giving of such authorization, it being my desire that the student be furnished with such medical or surgical services as soon as possible after the need arises.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

(F) FIELD TRIP PERMISSION

This permission slip will allow the child to participate in all school sponsored field trips. Additional information will be provided prior to each field trip regarding location, cost and any other pertinent facts. Parents/ Guardians who do not wish their student to participate in a particular trip may notify the teacher in writing or by phone.

I give permission for my child, _____ to go on field trips sponsored by Learning Tree during the 2017 - 2018 school year.

Parent/Guardian Signature _____ Date _____

(G) STUDENT AUTHORIZATION TO CARRY PRESCRIPTION MEDICATION

Epinephrine Auto Injector or Diabetic Medication

(Student) _____ needs to carry the following prescription asthma medication, epinephrine auto injector, or diabetic medication with him/her. The above-named student has been instructed in the proper use of the medication and fully understands how to administer this medication. (It is preferable that additional asthma medication, epinephrine auto injectors, or diabetic medication, to be kept in the principal’s office in case the first is lost or left at home.)

Medication _____ Dosage and Directions _____

Licensed Health Care Provider’s Signature & Stamp

Date

I have been instructed in the proper use of my prescription-labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that I will be subject to the consequences of the code of conduct should another student use my prescription. I also accept the responsibility for checking in with the principal to keep him/her informed of use of my medication in case I start having problems.

Student’s Signature _____ Date _____

I hereby request that the above-named student, over whom I have legal authority, be allowed to carry and use the prescription medication described above, at school. I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse Learning Tree, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. I also hereby release said aforementioned school, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above-named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. I also release the Georgia Cumberland Conference and its employees, representatives and officials of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian Signature

Date

(H) MEDICATION ADMINISTRATION FORM

If this form is properly completed and returned to the school principal, the designated staff member may assist parents when their child’s physician has prescribed medication for the child. The medication will only be given if it is delivered to the principal or his/her designee in the original bottle, labeled with the child’s name, dosage, physician, pharmacy, and name of the drug.

Student’s Name _____ Birth Date _____
School _____ Grade _____

Statement of Physician

Medication _____ Date of Prescription _____
Physician’s Name _____ Phone Number _____
Allergies _____
Dosage and Time of Administration _____
Illness Requiring Medication _____
Possible Medication Side Effects _____
Physician’s Signature _____
Physician’s Address _____

Statement of Parent/Guardian

The undersigned hereby releases and agrees to hold harmless and to indemnify the employees from any liability whatsoever occasioned by the administration or non-administration of the above instructions.

The undersigned also authorized the prescribing physician, named above, to discuss with the principal or his/her designee any matter regarding the medication to be administered.

Parent/Guardian Signature _____
Home Phone _____ Work Phone _____ Date _____

Administering Medications

In general, the administration of prescribed medication to students while in the school is to be avoided. Medications should be given at home when possible. In the event that a parent, legal guardian, physician, or health officer confirms the necessity the administering of medication to a student during school hours, the school must provide control and supervision of the administration of the medication as detailed below:

- 1) Principal or designated staff is responsible to securely store and administer medication.
- 2) All medications must be brought by the parent or legal guardian to the designated staff person in the original pharmaceutical containers, clearly labeled with student name, medication name, appropriate dosage and the time for each dose.
- 3) If a student requires medication for a period of time exceeding 20 school days, the parents or legal guardians need to fill out the Medication Administration Form provided by GCC K12 Board of Education.

- 4) The designated staff member is responsible for maintaining a log for each student receiving medication, which includes student name, the name of the medication, date and time and dosage amount and any reaction(s).

Nonprescription medications such as aspirin, cough syrup, over-the-counter allergy medications, etc. may NOT be administered to students by school staff. Middle school students, however, may self-administer nonprescription medicines provided they bring one or two days' dosage rather than a whole bottle. This medication must be given to the designated school staff by the parent or legal guardian until the child needs it. Note: This policy does not supersede local country or state governmental policies.

Individual protocols are needed to address those students with a history of systemic reaction to known allergens. Schools should develop emergency plans of action to address allergic reactions occurring in students with no previous history of anaphylaxis.

Medical Emergencies/Consent for Medical Treatment

Each student must have a current Consent for Medical Treatment form on file in the school office. In the event of a medical emergency, the school will call 911 and will attempt to contact the student's parents/guardians as specified on the form. If contact cannot be made, the school will exercise consent-to-treat permission to seek care for the student.

Student Accident Insurance

The school carries an accident insurance policy for each student, which covers medical payments for school accidents. The school's insurance is secondary to the family or employer insurance. The school policy is in effect in the following situations:

- If student is injured on school grounds while school is in session
- If student is participating in a school-sponsored activity
- If student is traveling directly from home to school or from school to home on days student is in attendance at school

If a student's injury is covered by one of the conditions listed above, the parent/guardian of the student must complete the following:

- File a report with the school within 24 hours of accident.
- File claim and collect payment from employer insurance.
- Obtain a School Insurance form from the school office, if needed. Complete the form, include medical expenses, and send the form to your insurance company.

(I) TECHNOLOGY & ACCEPTABLE USE POLICY

Learning Tree makes technology resources available to students to enhance their educational work at school. While the range of computer, telecommunication, and other technologies allows access to vast resources and information, it also places enormous responsibility on each student to use these systems in a considerate, ethical, and lawful manner. The use of these technologies is a privilege, not a right, and is subject to terms and conditions. Any user must adhere to the same code of ethics that governs all other aspects of life within the Learning Tree community. Actions performed or initiated through the use of technology must reflect honesty, integrity, and compliance with the rules of conduct set forth in the Learning Tree school handbook.

TERMS & CONDITIONS FOR TECHNOLOGY USE:

1. Technology use must be for educational endeavors only, in accordance with the principles of Adventist education. Personal use is permitted only with special permission. For example, students should not use the Internet for e-mailing or entering chat rooms unless it is part of an academic activity being used and monitored by an instructor.
2. The use of technology at Learning Tree is a privilege, not a right. Inappropriate use will result in loss of the privilege.
3. Tapes and files belonging to others should not be accessed or used without permission.
4. Be polite. In all communication, use language appropriate for a positive school environment.
5. Users are responsible for reporting problems, abuses, or misuses of technology resources to a faculty member in a timely manner.

ACCEPTABLE INTERNET USE POLICY:

1. Do not share anyone's personal information, such as pictures, name, address, phone number or email address, including your own.
2. Never email someone for the first time without your teacher's permission.
3. Do not tamper with system security or interfere with another individual's account.
4. Do not disrupt network use for others. This includes sending chain letters or any other type of communication that might cause a congestion of the Internet.
5. Vandalism of any sort will result in loss of privileges. This includes, but is not limited to, uploading, downloading, or creating a virus.
6. All communications and information accessible via the network should be assumed to be private property. Copyrighted materials may not be used without the permission of the author. Do not plagiarize; when using ideas or words that are not your own, cite the source of the information appropriately.

WARNING:

When using the system, you may feel you can easily break a rule and not get caught. This is not true. Electronic footprints are imprinted on the system whenever an action is performed. Therefore, you are likely to be caught if you break the rules.

GENERAL INFORMATION REGARDING COMPUTER USE:

1. The Internet is considered a limited forum, and therefore the school may restrict students' right to free speech for valid educational reasons.
2. Privacy is not guaranteed for the contents of personal files on the school computers or Internet system. Routine maintenance and monitoring of the system may lead to discovery that this policy, the school code, or the law has been violated. An individual search will be conducted if there is reasonable suspicion that such a violation

has occurred. The investigation will be reasonable and related to the suspected violation. Furthermore, teachers and parents have the right at any time to see the contents of a student’s computer-related files.

- 3. Learning Tree will cooperate fully with local, state, or federal officials in any investigation related to illegal activities conducted through the system. In the event of a claim that a student has violated this policy, the school code, or the law in the use of the system, the student will be given written notice of suspected violations and an opportunity to present an explanation according to school code and/or state and federal law. Additional restrictions may be placed on computer and/or Internet use.
- 4. Learning Tree makes no guarantee that the functions or the services provided by or through the system will be error-free or without defect. The school will not be responsible for any damage suffered including, but not limited to, loss of data or interruptions of service. The school is not responsible for the accuracy or quality of the information attained through or stored on the system. The school will not be responsible for financial obligations arising from unauthorized use of the system.

AGREEMENTS:

Failure to abide by this policy may result in the suspension or loss of computer privileges, school disciplinary action, and/or appropriate legal action.

I have read the Learning Tree policy on technology usage and support the policy outlined. I understand the consequences of not upholding this policy and take full responsibility for the student’s actions.

Student Agreement:

I have read the above policies and fully understand and agree to follow the principles and guidelines it contains.

Signature: _____ Date: _____

Parent/Guardian Agreement:

I have read the above policies and fully understand them. I understand that employees of the school will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold them responsible for materials the student acquires or sees as a result of the use of the Internet from school facilities. I give my permission to Learning Tree to allow the student above to use the Internet on computers at the school.

Signature: _____ Date: _____

(J) PARENT/TEACHER CONCERN PROCEDURES

The Georgia-Cumberland Conference K-12 Board of Education has voted the following procedure for adoption and use in all schools. The procedure is mindful of due process and founded on the Biblical principles of Matthew 18. Any questions regarding the fundamental philosophy and/or procedures prescribed should be directed to the Office of Education.

- 1. Discuss the situation with your child’s teacher. All meetings with teacher(s) and/or principal must be by appointment.
- 2. If amiable agreement cannot be reached, a conference will be set up for the parent, teacher, and principal. The principal is to keep minutes of the meeting, including all relevant issues and/or agreements discussed. The minutes are to be reviewed by all parties prior to the completion of the meeting. Should the concern involve the school principal, the school board chairman would serve as the facilitator and keep minutes. Note: should the principal be involved, the Georgia Cumberland Conference Office of Education is to be notified.
- 3. If further assistance is needed, contact the Learning Tree School Board chairperson in writing.
- 4. If concern remains unresolved, you may contact the Associate Superintendent of Education of the Georgia-Cumberland Conference.
- 5. If all steps are unsuccessful and the concern remains unresolved, a final appeal of the issue can be made to the Learning Tree School Board. The teacher, associate superintendent of education, and parent are requested to be present with the school board. If the parent is a school board member, he or she will need to remove him or herself from the decision-making process. A final resolution to the concern will be acted upon by the Learning Tree School Board. All parties will be officially notified in writing of the school board’s decision.
- 6. Under no circumstances should an individual Learning Tree School Board member be contacted to solve a conflict or problem.

After having read the Parent/Teacher Concern procedure, I agree to follow the above guidelines while my child is enrolled at Learning Tree.

Mother/Guardian

Name _____

Signature _____

Date _____

Father/Guardian

Name _____

Signature _____

Date _____

(K) GEORGIA CUMBERLAND CONFERENCE MEDIA RELEASE FORM

The Georgia-Cumberland Conference regularly uses photos and video in its publications and materials. This form simply gives permission for images of the participant named to be used as outlined below.

Organization: Learning Tree Elementary School, 300 South Tibbs Road, Dalton, GA 30720

Student: _____ **Phone Number** _____

Address: _____

For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists ("GCC"), or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release GCC from all liability in connection with all such uses.

Participant/Guardian's Signature _____
Date

(A parent or guardian must sign above if the participant is under age 18.)

Mark this box if you **DO NOT** grant permission.

WITNESS: (anyone who watches as this form is filled out)

Witness: Please print name

Witness: Please sign name

Please return form to Learning Tree and the secretary will mail it to the Georgia-Cumberland Conference Communication Department at the mailing address below or will fax it to GCC at 706-625-3684.

Georgia-Cumberland Conference of Seventh-day Adventists
P.O. Box 12000 • Calhoun, GA 30703 • Phone: 800-567-1844
Email: info@gccsda.com • Website: www.gccsda.com

(L) FINANCIAL POLICY & CONTRACT

Application Fee—A non-refundable \$100 Application Fee is required for all students. If application is turned in by March 3, 2017 the fee is only \$50. If it is turned in by April 3, the fee is \$75. After April 3, the application fee is the full \$100

Registration Fee— The non-refundable registration fee for each student is \$400 and is due on or before registration, which is Thursday, July 27, 2017. The registration fee covers textbook rental, instructional materials, library and technology fees, field trip subsidy, yearbook, student insurance, achievement tests, and other educational costs. Pay the registration fee by March 3, 2017 and get the app fee (above) waived.

Tuition—Tuition is due on or before the first of each month, and is payable on a ten-month basis, August through May. Tuition for August is due at registration time. A \$30 late fee is charged when accounts are not paid in full by the close of the school day on the tenth of the month. A check returned because of insufficient funds will require a service charge of \$30, which will be added to the next month’s statement. All accounts must be cleared before enrollment for the next school year can be accepted. If the account remains delinquent for more than 60 days, the account may be reported to a collection agency, and the student will be asked to stay home until the account is paid or a plan for payment is made with the treasurer. If a student is absent, withdraws, or is dismissed, no deduction or remission of a partial month’s tuition will be allowed.

We encourage those who are able to pay the year’s tuition in advance. Doing so will result in a 5% discount on the total tuition for the year.

Please contact us if you foresee an account problem
(see “Delinquent Accounts” in school handbook).

 Parent’s Name (please print)

 Signature

 Date

PRE-K – 8th TUITION RATES				
Constituent Tuition (Dalton Seventh-day Adventist Church Members)				
	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>	<u>4th Child</u>
Tuition per month	\$ 370.00	\$ 350.00	\$ 330.00	\$ 310.00
Tuition per year	3,700.00	3,500.00	3,300.00	3,100.00
Tuition in advance (5% discount)	3,517.50	3,327.50	3,137.50	2,947.50
Non-Constituent Tuition (Non-Dalton Seventh-day Adventist Church Member)				
	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>	<u>4th Child</u>
Tuition per month	\$ 445.00	\$ 425.00	\$ 405.00	\$ 385.00
Tuition per year	4,450.00	4,250.00	4,050.00	3,850.00
Tuition in advance (5% discount)	4,227.50	4,037.50	3,847.50	3,657.50

(M) CONDITIONS AND TERMS OF AGREEMENT

1. Admission to Learning Tree is based on a student's ability to succeed academically and to contribute to our school. In making an application to Learning Tree, parents/guardians should understand that the decision of the Admission Committee is made with the best interests of the student as the primary concern.
2. This application will not be considered until (a) this application has been filled out in full, (b) complete school records have been received, (c) reference forms have been received, (d) the student has taken a placement test, and (e) the student and his/her family has had a personal interview with the Principal.
3. Learning Tree's acceptance of a student for the next school year is contingent upon successful completion of the student's current grade.
4. All students must receive an acceptance notice before being considered officially enrolled.
5. Parents/Guardians are responsible for any additional charges/fees such as field trips, school pictures, uniforms, athletics and hot lunch.
6. A vital part of Learning Tree's mission is the development of character and social responsibility; therefore each student's conduct, both at school and in the community, concerns the school. Conduct or attitudes, which the faculty and administration consider seriously detrimental to other students or to the school, may be considered grounds for dismissal.
7. A student's success and happiness in the school environment depends greatly upon positive parental/guardian support of school policies. Our teachers, administrators, and programs all work together to provide a safe and pleasant environment. Your cooperation, support, and involvement in Christian education are an investment in your child's future.

To the best of our knowledge, the information contained in this application is true and accurate. If any of this information is found to be false or misleading, the student is subject to dismissal. We have received and read through the Learning Tree Elementary School Handbook and will support Learning Tree in all areas of school life.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Learning Tree welcomes applications, regardless of race, color, or national origin, from young people who are willing to uphold the values and traditions of the Seventh-day Adventist Church. Membership in the Seventh-day Adventist church is not required. Learning Tree supports inclusion in the classroom, but presently is not equipped, nor does it have the resources to meet the needs of special students who have physical, scholastic, psychological, or social limitations.

CONSENT TO RELEASE INFORMATION

To the Parent:

Please print or type the authorization below and return this form to the school office with the completed application.

Name of student _____ Applying for Grade____ DOB _____

Previous school _____ Previous school phone number _____

Previous school address _____

In accordance with the federal regulations regarding the privacy rights of parents and students Under the Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Learning Tree of all the educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

Parent/Guardian Signature

Date

To the Principal or Secretary or Registrar:

This student is applying for admission to Learning Tree. We would appreciate your prompt sending of the following documents:

- Transcript and latest grades
- Standardized test results
- Any special testing results or placement in special programs
- Certificate of immunization and health records
- All disciplinary records or official statement of disciplinary action

Please Send All Information To:

Learning Tree Elementary School
300 South Tibbs Road, Dalton, GA 30720
Office (706) 278-2736
Fax (706) 278-6731

Notice of Exemption

For Pre-School



I, _____ acknowledge that I have been informed that the Pre-School at Learning Tree Elementary School is not a licensed child-care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

STUDENT RECOMMENDATION

Please mail or deliver this form to

Learning Tree Elementary School
300 South Tibbs Road, Dalton, GA 30720
Phone: 706-278-2736 Fax: 706-278-6731

I. STUDENT

The confidential recommendation below is for: _____
(Student's Name)

How well do you know this student? Well ___ Some ___ Little ___ Records Only ___

How long have you known this student? _____ What is your relationship to this student? _____

II. EVALUATION

Please check the adjectives that most nearly describe the applicant's standing in the areas listed below:

Table with 3 columns and 4 rows of evaluation categories. Categories include: TRUSTWORTHINESS, COOPERATION WITH TEACHERS, COOPERATION WITH OTHERS, ATTENTION SPAN, ABILITY TO CONTROL TEMPERAMENT, PERSONAL APPEARANCE, INDUSTRIOUSNESS, INTELLECTUAL APTITUDE, INFLUENCE ON CLASSMATES, STRENGTH OF CHARACTER, ATTENDANCE/TARDINESS, CHRISTIAN EXPERIENCE. Each category contains a list of adjectives with checkboxes.

III. RECOMMENDATION

Do you recommend the applicant as a desirable student for Learning Tree elementary School?

Yes ___ No ___ With Reservation ___

Are there any comments you would like to add? _____

Your Name _____ Position _____

Signature _____ Date _____ Phone (____) _____

STUDENT RECOMMENDATION

Please mail or deliver this form to

Learning Tree Elementary School
300 South Tibbs Road, Dalton, GA 30720
Phone: 706-278-2736 Fax: 706-278-6731

I. STUDENT

The confidential recommendation below is for: _____
(Student's Name)

How well do you know this student? Well ___ Some ___ Little ___ Records Only ___

How long have you known this student? _____ What is your relationship to this student? _____

II. EVALUATION

Please check the adjectives that most nearly describe the applicant's standing in the areas listed below:

TRUSTWORTHINESS <input type="checkbox"/> Very trustworthy <input type="checkbox"/> Generally trustworthy <input type="checkbox"/> Tends to be dishonest	COOPERATION WITH TEACHERS <input type="checkbox"/> Very helpful <input type="checkbox"/> Usually works well with teachers <input type="checkbox"/> Critical or argumentative	COOPERATION WITH OTHERS <input type="checkbox"/> Very helpful <input type="checkbox"/> Usually works well with others <input type="checkbox"/> Critical or argumentative
ATTENTION SPAN <input type="checkbox"/> Focuses well/stays on task <input type="checkbox"/> Average attention span <input type="checkbox"/> Easily distracted	ABILITY TO CONTROL TEMPERAMENT <input type="checkbox"/> Strong self control <input type="checkbox"/> Average self control <input type="checkbox"/> Little to no self control	PERSONAL APPEARANCE <input type="checkbox"/> Well groomed <input type="checkbox"/> Neat and clean <input type="checkbox"/> Careless
INDUSTRIOUSNESS <input type="checkbox"/> Resourceful/enthusiastic <input type="checkbox"/> Average worker <input type="checkbox"/> Works under pressure <input type="checkbox"/> Not interested in work	INTELLECTUAL APTITUDE <input type="checkbox"/> Very quick and eager to learn <input type="checkbox"/> Learns easily <input type="checkbox"/> Must study hard to learn <input type="checkbox"/> Educational disabilities	INFLUENCE ON CLASSMATES <input type="checkbox"/> Strong leader in class <input type="checkbox"/> Positive influence <input type="checkbox"/> Little influence on classmates <input type="checkbox"/> Negative influence
STRENGTH OF CHARACTER <input type="checkbox"/> Firm, steady, consistent <input type="checkbox"/> Fairly stable <input type="checkbox"/> Weak, easily influence	ATTENDANCE/TARDINESS <input type="checkbox"/> Always present and on time <input type="checkbox"/> Usually present and on time <input type="checkbox"/> Often absent or late	CHRISTIAN EXPERIENCE <input type="checkbox"/> Active <input type="checkbox"/> Disinterested <input type="checkbox"/> Agnostic

III. RECOMMENDATION

Do you recommend the applicant as a desirable student for Learning Tree elementary School?

Yes___ No___ With Reservation ___

Are there any comments you would like to add? _____

Your Name _____ Position _____

Signature _____ Date _____ Phone (____) _____