



# Covenant Christian High School

Est. 1999

## CONFIDENTIAL

### STUDENT INFORMATION SHEET

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

This sheet must be filled out completely by the principal, counselor or homeroom teacher. *This is a confidential report about the child named below seeking to enroll at Covenant Christian High School. Please mail or FAX this completed report to Covenant Christian High School.*

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Number of years this student has attended your school: \_\_\_\_\_

**Attendance Record:** How many days was this student absent/tardy in the last year? \_\_\_\_\_/\_\_\_\_\_

Were the absences: routine \_\_\_\_\_ unusual \_\_\_\_\_ extraordinary \_\_\_\_\_

**Academic Record:** Rate the following categories:

<u>Overall Ability</u>	Superior	Above Average	Average	Below Average	Inferior
<u>Math</u>	A B C D F			<u>Reading</u>	A B C D F
<u>Science</u>	A B C D F			<u>Language</u>	A B C D F
<u>Social Studies</u>	A B C D F			<u>Spelling</u>	A B C D F
<u>Homework/daily assignment</u>	Satisfactorily Completed / Late / Messy / Incomplete / Lost / Wrong				

Are there any *diagnosed learning disabilities*? \_\_\_\_\_ Any suspected learning difficulties? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

[For home school student: attach most recent standardized test results.]

### **Social Record:**

Relationships with peers in classroom: (circle all that apply)

Happy / Helpful / Strained / Supportive / Respectful / Productive / Competitive / Argumentative  
Other \_\_\_\_\_

Relationships with peers on playground: (circle all that apply)

Happy / Helpful / Strained / Supportive / Respectful / Productive / Competitive / Argumentative  
Other \_\_\_\_\_

Relationship with teachers and other authority figures (circle all that apply)

Respectful / Compliant / Polite / Disrespectful / Rude / Argumentative  
Other \_\_\_\_\_

Were there any discipline problems, e.g. detentions, suspensions, expulsion? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Additional comments: (Include any information that relates to this student not covered above.) \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_ Telephone( \_\_\_\_ ) \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number and time/date for when this person is available now or during summer.

\_\_\_\_\_

Please return this completed form to: Covenant Christian High School  
Attn: Clarence Oudman, Administrator  
P.O. Box 369, DeMotte IN 46310  
e-mail: coudman@cchrhs.org  
Phone: (219) 987-7651 FAX: (219) 987-7652