



Covenant Christian High School

Est. 1999

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:

Overall Ability Superior Above Average Average Below Average Inferior

Math A B C D F

Reading A B C D F

Science A B C D F

Language A B C D F

Social Studies A B C D F

Spelling A B C D F

Homework/daily assignment 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, Principal
611 15th Street SW, DeMotte IN 46310

Phone: (219) 987-7651 FAX: (219) 987-7652 e-mail: coudman@cchrhs.org