

# APPLICATION FOR ADMISSION

Please complete both sides and return it to Crestview signed and dated by the deadline.



Crestview Preparatory School admits students of any race, color, religion or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion or national and ethnic origin in the administration of its educational policies, admission policies or other school-administered programs.

Applicant's Name <i>(First, Middle, Last)</i>				Preferred Name	
Male	Female	Birth Date	Age	Birth Place <i>(City, State)</i>	Grade Applying to:
Home Address				Telephone	
City		State		Zip	

Current School	Date of Entrance	Present Grade
Address		Telephone
City	State	Zip
Director, Principal or Head		

Father / Legal Guardian Name <i>(circle) Dr. / Mr.</i>
Home Address <i>(if different from applicant)</i>
City State Zip
Home Telephone
Occupation
Name of Company
Nature of Business
Business Telephone
Cell Telephone
E-mail Address

Mother / Legal Guardian Name <i>(circle) Dr. / Mrs. / Ms.</i>
Home Address <i>(if different from applicant)</i>
City State Zip
Home Telephone
Occupation
Name of Company
Nature of Business
Business Telephone
Cell Telephone
E-mail Address

Please check all that apply. Applicant's natural parents are now:

- Together
  Separated
  Divorced
  Father Remarried
  Mother Remarried
  Father Deceased
  Mother Deceased

With whom does the applicant reside? \_\_\_\_\_



# REQUEST FOR COPY OF SCHOOL RECORDS



Name of Applicant's Current School \_\_\_\_\_

Address \_\_\_\_\_  
*street city state zip*

Please send copies of report cards/progress reports for the past year(s) and the current year to date, any available test data, and health records for the student named below to:

Admissions Office  
**CRESTVIEW PREPARATORY SCHOOL**  
140 Foothill Boulevard  
La Canada, CA 91011  
(818) 952-0925  
(818) 952-8470 (FAX)

Applicant's Name \_\_\_\_\_

Present Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize the release of the above mentioned information to Crestview Preparatory School.

\_\_\_\_\_  
*Signature of Parent or Guardian*                      *Date*

# CONFIDENTIAL EVALUATION FORM FOR SECOND–SIXTH GRADE APPLICANTS



NAME OF APPLICANT \_\_\_\_\_ APPLYING FOR GRADE \_\_\_\_\_

TO THE PARENT: Please complete the following portion of this form and give it to your child’s current teacher. Your signature acknowledges that you waive the right to read the confidential teacher recommendation and the school report(s) for the student listed below. Thank you.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

TO THE TEACHER: The student whose name appears above is a candidate for admission to Crestview Preparatory School. Your insights and observations are extremely helpful and the professional comments you share will be held in strictest confidence. Please complete both sides of this form after **DECEMBER 1ST** and mail it directly to Crestview Preparatory School in the envelope provided. Thank you.

COGNITIVE DEVELOPMENT	MATURE	AGE APPROPRIATE	NEEDS DEVELOPMENT	IMMATURE
Speaking vocabulary				
Listens attentively				
Works cooperatively with peers				
Uses materials appropriately				
Able to focus on one task				
Completes tasks on time				
Follows verbal directions				
Is willing to try new activities				
Expresses ideas well				
Reading vocabulary				
Reading comprehension				
Shows interest in reading				
Math skills				
Works independently				
Time Management				
Attention span				
Comments:				
Please describe this child’s strengths and interests:				

SOCIAL AND EMOTIONAL DEVELOPMENT	MATURE	AGE APPROPRIATE	NEEDS DEVELOPMENT	IMMATURE
Shares willingly				
Shows concern for others				
Has the capacity to lead				
Has the capacity to follow				
Cooperative in group activities				
Maturity				
Comments:				

FAMILY INFORMATION	CONSISTENTLY	USUALLY	SOMETIMES	RARELY
Communicates openly with school				
Cooperates with classroom teachers				
Cooperates with administration				
Follows rules and policies of school				
Has realistic expectations for their child				
Timely in meeting financial obligations				
Comments:				

Are there any special needs or concerns of which we should be aware?

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Printed Name \_\_\_\_\_

School Name \_\_\_\_\_ Telephone (with area code) \_\_\_\_\_

Address \_\_\_\_\_

We appreciate your help. All information is kept strictly confidential.

Please return this form to **CRESTVIEW PREPARATORY SCHOOL**.

Do not hesitate to call Marie Kidd or Michele Poteet at (818) 952-0925 if you have any questions or additional information.