



St. Edward-Epiphany Catholic School



PARENT RELEASE FORM FOR ATTENDING SCHOOL INFORMATION

Student's Name: _____

Attending School Name: _____

Address: _____

I give permission for St. Edward Epiphany School to send a questionnaire to my child's school and allow the school to complete the form and return to the school.

Parent(s) Signature: _____

Mail to: St. Edward Epiphany School
ATTN: Cinthya Duke, Director of Admissions
10701 West Huguenot Road
Richmond, VA 23235

Fax or Email: 804-327-0788 (fax) cduke@seeschool.com (email)

SCHOOL INFORMATION

Student's Name: _____

Attending School Name: _____

Previous School Name (if applicable): _____

To the School:

We appreciate your sharing knowledge about the above student with us by answering the questions below. **PLEASE NOTE: THIS DOCUMENT IS CONFIDENTIAL AND WILL ONLY BE SEEN BY THE PRINCIPAL AND/OR REQUESTED TEACHERS AT ST. EDWARD EPIPHANY SCHOOL.** Please return this form via fax or mail to the address provided in the front. This information is very useful and important in helping us to plan an appropriate grade level experience. Thank you in advance for your time and effort.

Name of person completing this form: _____

How long has this student been at your school? _____

What is your relationship with this student? _____

How long have you known the student? _____

Please complete the following information by checking the correct box for each skill.

Skill	Often	Sometimes	Rarely
Cooperates and works well with peers.			
Listens to and follows directions.			
Listens attentively in class.			
Appropriately communicates with teachers and peers.			
Exhibits appropriate attention span.			
Exhibits self-control.			
Participates in classroom activities.			
Exhibits self-confidence.			
Accepts consequences appropriately.			
Demonstrates strong fine-motor skills.			
Responds appropriately to discipline.			
Additional Information:			