

COVENANT CHRISTIAN SCHOOL SCREENING FORM

(Please attach student report card, test scores, & other school records to screening form.)

Student _____ Screening Date/Time _____

Current Grade _____ Date of birth _____ Expected Enrollment Date _____

Parents' Names _____ Work Phone _____

Home Phone _____ Cell Phone _____

Address _____

Previous School _____

(Your child's previous school may be contacted to confirm academic & conduct records.)

Does your child have special needs? _____

Has your child ever received psychological testing by a certified psychometrist.?

Yes No If yes, please submit a copy of the results to the school office at the time of screening.

How did you hear about Covenant Christian School? _____

\$20.00 screening fee per student for K5

\$30.00 screening fee per student for 1st-8th grades.

Check _____ Cash _____ Date _____

FOR OFFICE USE ONLY:

Early Childhood Assessment

Maturity _____ Readiness _____ Speech _____

Motor Skills _____ General _____ Other _____

Elementary and Middle School Assessment

Reading Comprehension _____ Math _____ Spelling _____

Language _____ Oral Reading _____