

Saint Agnes School  
3886 Chestnut Avenue  
Concord, California 94519  
(925) 689-3990 / Fax (925) 689-3455

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**REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE**  
**FOR GRADES 1<sup>st</sup> - 8<sup>th</sup>**

**To be completed by Parent**

Date: \_\_\_\_\_ Present Grade \_\_\_\_\_

Please release the requested information for my child \_\_\_\_\_  
and return by mail to Saint Agnes School by March 1<sup>st</sup>.

\_\_\_\_\_  
Parent signature

School currently attending: \_\_\_\_\_

Address of school: \_\_\_\_\_  
(Number) (Street/Avenue) (City/State) (Zip)

School Phone: (\_\_\_\_) \_\_\_\_\_

**To be completed by current teacher and /or Principal**

Length of time in this school: \_\_\_\_\_ Attendance Record: \_\_\_\_\_

1. Please grade following areas by:

E – Excellent

F – Fair

G – Good

U – Unsatisfactory

General Attitude: \_\_\_\_\_ Cooperation: \_\_\_\_\_

Effort: \_\_\_\_\_ Classroom Conduct: \_\_\_\_\_

Relationship With Teacher: \_\_\_\_\_ Relationship with Peers: \_\_\_\_\_

School Study Habits: \_\_\_\_\_ Home Study Habits: \_\_\_\_\_

