

West Portal Lutheran School
200 Sloat Blvd. San Francisco, CA 94132
Sloat Campus 415-665-6330
Sunset Campus 415-731-3000
www.wplsfc.com

APPLYING FOR GRADE: _____ **SCHOOL YEAR:** _____ -- _____

Student's Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Sex: Male Female Birthplace: _____

U.S. Citizen: Yes No Ethnic Group: _____

Date of Baptism: ____ / ____ / ____ Baptismal Church: _____ City: _____

FATHER	MOTHER
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Home Phone: (____) _____	Home Phone: (____) _____
Work Phone: (____) _____	Work Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____
Email: _____	Email: _____
Ethnic Group: _____	Ethnic Group: _____
West Portal Lutheran Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	West Portal Lutheran Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Member of another church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of another church? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of church: _____	If yes, name of church: _____

Marital Status: Married Divorced Separated Single Widow/Widower
If divorced, who has legal custody of the student? Father Mother Joint
Please notify us if there are any problems regarding custodial care.

Student Lives With: Both Parents Father Mother Other _____

Siblings: Name _____ Birth date _____ West Portal Student? _____

Name _____ Birth date _____ West Portal Student? _____

Primary Language(s) Spoken at Home: _____

How did you hear about West Portal Lutheran School: _____

200 Sloat Blvd
 San Francisco, CA 94132
 415-731-3000

West Portal Lutheran
 School

www.wplsf.com
 Email: Admissions@wplsf.com
 FAX: 415-731-3004

CONFIDENTIAL STUDENT RECOMMENDATION FORM FOR KINDERGARTEN

TO THE PARENT/GUARDIAN: Complete the top portion of this form, give it to your child's present school, and ask them to mail it to us in the provided envelope by January 15.

Child's Name: _____ Date of Birth: _____
 (Last) (First) (Middle) (Month, Date, Year)

I hereby give permission for you to release the information on this form concerning my child to West Portal Lutheran School. I, the parent/guardian, understand that I will have no access to this confidential information.

 Parent/Guardian Signature

 Date

TO THE CHILD'S PRESENT SCHOOL: The above-named child has applied for admission to kindergarten at West Portal Lutheran School. To assist us in determining if our program suits this child's educational needs, we ask you to complete and return this form. We appreciate your cooperation in helping to evaluate this applicant.

How long have you known this child? _____ Date of entry into your program: _____

Length of school day: _____ Number of days per week: _____

PLEASE CHECK THE APPROPRIATE BOXES:

4=Strength 3=Developmentally appropriate 2=More time needed 1= Area of Concern

	4	3	2	1		4	3	2	1
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognizes letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognizes numerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognizes shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to share and work cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fine motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to wait turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate pencil grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for own property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body and space awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrate self- esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates self- control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptance of limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech is clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-help skills (clothes, bathroom, lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to stay on discussion topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to focus and contribute in large group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resolves conflict verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to focus and contribute in small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resolves conflict physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Usually chooses: Large group Small group Alone
 Usually takes the role of: Leader Follower Varies

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is one area of strength for this applicant?

Is there anything you're actively working on with this child for improvement (socially, academically, emotionally)?

How receptive are the parents when you bring up concerns or ask them questions?

What areas does your program teach?

What language(s) are spoken at your school?

Name: _____ Position: _____

School: _____ Phone: _____

Signature: _____ Date: _____
