

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

Name of applicant: _____ Candidate for Grade _____

PARENT WAIVER

Dear Parent or Legal Guardian,

Please write your child's name in the space above and read and sign the following before giving this referral form to your child's current school along with a stamped envelope addressed to West Portal Lutheran School.

I understand and agree that the information contained on the Academic Referral Form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. My signature acknowledges my permission for the teacher or school official to complete the form and return it directly to West Portal Lutheran School. I also agree to waive my rights to view this form.

Signature of Parent or Legal Guardian _____ Date _____

This form is to be completed by a CORE curriculum
 (English, Math, Science, or Social Studies – NO elective teachers, please.)

Dear Educator,

Please complete this entire form and see that it is promptly returned to WEST PORTAL LUTHERAN SCHOOL. Please evaluate the candidate based on your direct knowledge of him/her. We ask that you keep in mind that the applicant should be evaluated in comparison to other students of the same chronological age. We thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. Please check the appropriate boxes and include comment. *The student's application cannot be processed until this form is received by West Portal Lutheran School.*

The candidate's general academic ability is: ___ Superior ___ High Average ___ Average ___ Below Average

Academic Ability	Always	Frequently	Sometimes	Seldom
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Works cooperatively				
Expresses verbal ideas clearly				
Exhibits problem solving abilities				
Is self-motivated				

Social Skills	Always	Frequently	Sometimes	Seldom
Establishes friendships easily				
Is comfortable in a group				
Respects those in authority				
Demonstrates self control				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate social behavior				

Physical Development	Excellent	Good	Needs improvement
Exhibits emotional maturity			
Gross Motor Coordination			
Speech/Articulation			
Fine Motor Coordination			

I recommend this student: ___ with enthusiasm ___ with confidence ___ with reservations ___ I do not recommend

Name of person completing evaluation _____ Title: _____
 Relationship to applicant: _____ Length of time acquainted with student: _____
 School: _____
 Address: _____
 School telephone number: _____
 Signature _____ Date: _____