THE ACADEMY
MINDS IN MOTION

Request for Information for Students Applying for Admission

To be completed by Parent of Legal Guardian (please print)

Student's full Name _____ Birth Date _____

(Last) (First) (Middle)

School Transferring From _____ Current Grade _____

School Address _____

(Address) (City) (State) (Zip)

I give my permission for this form to be completed & returned to The Academy. This is not a request for Transfer of Records.

Parent/Guardian Signature _____ Date_____

To be completed by Teacher or School Official

Reading Process	**Math Process**	**Writing Process**
___Above Level	___Above Level	___Above Level
___ On Level	___ On Level	___ On Level
___Below Level	___Below Level	___Below Level

If level books have been used, please list the child's mastered level _____

Additional Comments on abilities & knowledge

_____

_____

_____

School Day Skills

	Always	Usually	Seldom
Completes work on time	___	___	___
Follows directions	___	___	___
Organizational habits	___	___	___
Personal responsibility	___	___	___
Works independently	___	___	___

	Always	Usually	Seldom
Exhibits self control	___	___	___
Positive interaction	___	___	___
Cooperative worker	___	___	___
Leadership	___	___	___
Transitions well	___	___	___

	High	Med	Low
Amount of teacher time required for academic instruction	___	___	___
Amount of teacher time required for behavior modification	___	___	___
Level of parent involvement in the classroom	___	___	___

Special medical information on file in the office ___ yes ___ no

Special information to next teacher or the office: daily medication, unusual home situation, frequent absences, frequently ill, frequently tardy, separation from another student needed.

Explain: _____

_____

Name of person completing report Title Date

Thank you. Please mail completed form to:

The Academy at Minds In Motion
Mrs. Gina Pangalanga, Principal
11 Sycamore Creek Dr
Springboro, Ohio 45066