



Student Application for Admission



Date: _____

APPLICANT INFORMATION

Student Name: _____

Date of Birth: _____

Current Grade Level: _____

Gender: Female

Male

Ethnicity: Alaskan/American Indian

Asian/Pacific Islander

Black/Non-Hispanic

Hispanic

White/Non-Hispanic

Current School: _____

Address: _____

Phone: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Mother

Father

Grandparent

Guardian

Address: _____

Phone: _____

Email: _____

Parent/Guardian Name: _____

Mother

Father

Grandparent

Guardian

Address: _____

Phone: _____

Email: _____

STUDENT RELATED QUESTIONS

Has the student had any significant academic difficulties?

YES

NO

If yes, please explain on your parent statement.

Has your child ever been dismissed, suspended or withdrawn from school, placed on probation or incurred other serious or repeated disciplinary action? YES NO

If yes, please explain on a separate sheet.

Are there any special circumstances in your child's life of which you would like us to be aware?

PARENT STATEMENT

1. Describe your child, including strengths and challenges, motivation, and needs.

- | | |
|--------------------------------------|---|
| a. General temperament | d. Physical stamina/health |
| b. Emotional development | e. Distinctive abilities/interests (artistic, athletic, etc.) |
| c. Social relations (adults & peers) | f. Academic skills (applicants to grades 1-5 only) |

2. Describe your child's previous school and/or daycare experiences. What were the positive aspects? What were the difficulties?

3. Describe the activities you do as a family.

4. Describe the ways in which you support the education of your child at home.

5. Describe the ways your child utilizes unstructured time.

6. Describe any aspects of your family history or structure that are significant to your child's schooling (e.g., marital separation, divorce, death of a family member, gain of a new family member, change in financial state, change in residence).

7. What are your short-range and long-range goals for your child's education?

8. Has your child ever been referred for developmental/educational testing? Has he/she ever worked with a tutor or learning specialist? If so, please describe briefly and provide the Admissions Office with all testing results.

9. Why would you like your child to attend STEAM Global Learning Academy?

When making admission decisions, we look at four major areas of a child's development: motor, language, cognitive, and social/ emotional. It can also be helpful to visit a child in his/her current educational setting in addition to having the child visit STEAM Global Learning Academy or participate in a developmental assessment. We ask your permission to visit or call your child's school.

Parent Signature

Date



APPLICANT RESPONSE

Grades 4th and 5th

Applicant Name: _____

Please complete the following questions:

Tell us about something you love to do and why it is important to you.

My proudest accomplishment is: _____

Something surprising about myself is: _____

My friends would describe me as: _____

I feel most comfortable _____

I feel most uncomfortable _____

I feel powerful _____

One time I ate _____

My greatest strength is _____

My greatest challenge _____

If I could have a superpower it would be _____

What annoys me is _____

My favorite website or mobile app is _____

Student Signature

Date

Parent Signature

Date



Teacher Evaluation

Entering Kindergarten Students

Instructions: **Please give this form with a stamped envelope to the appropriate teacher at your current school, after January 1. Make sure the teacher is aware of the application deadline.**

Applicant's Name _____

Teacher

Person Completing Form _____

Grade Level Taught _____ School _____

Email Address _____

Phone _____

Dear Teacher,

Recognizing that completing this form is not part of your official duties, the school greatly appreciates your helping the applicant by supplying the information requested. Please return the evaluation form in the envelope provided to STEAM Global Learning Academy at the address printed below. *The information submitted will be considered confidential and will not become part of the student's school records. Your candor will benefit the applicant and the school.* Thank you!

Describe the setting in which you know this child. How long have you worked with him/her?

Please describe this child's general temperament.

How does this child relate to other children, one-on-one and as a group member?

Please describe his/her strengths at this time in his/her life.

What are this child's challenges at this point in time?

Do you have any concerns about this child's emotional, social, and/or cognitive readiness? If so, briefly explain.

Are the parents supportive of the child? Are they supportive of school policies and faculty? Do they interact in the school's life?

SOCIAL/EMOTIONAL DEVELOPMENT

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Consistently	Often	With Teacher Support	Currently not Demonstrating	Comments
Exhibits self-confidence					
Exhibits self-control					
Copes with transition					
Shows persistence with challenging tasks					
Maintains age appropriate attention span					

CREATIVE DEVELOPMENT

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Consistently	Often	With Teacher Support	Currently not Demonstrating	Comments
Experiments with a variety of art & building materials					
Participates in creative and imaginative activities					
Shows artistic expression through a variety of media					

PHYSICAL DEVELOPMENT

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Consistently	Often	With Teacher Support	Currently not Demonstrating	Comments
Moves with balance and control when performing gross motor tasks					
Uses strength and control when performing fine motor tasks; scissors, puzzles; lacing; pencil grip					
Performs health and safety tasks independently: toileting, handwashing					
Manages dressing independently					

COGNITIVE DEVELOPMENT: Oral Receptive Language

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Consistently	Often	With Teacher Support	Currently not Demonstrating	Comments
Listens and follows directions					
Speaks clearly					
Expresses ideas and feelings					

COGNITIVE DEVELOPMENT: Visual Language

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Consistently	Often	With Teacher Support	Currently not Demonstrating	Comments
Some letter recognition					
Recognizes name in print					
Awareness of concepts of print					
Visually mimics a reader					
Enjoys literature based activities					

COGNITIVE DEVELOPMENT: Writing

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Consistently	Often	With Teacher Support	Currently not Demonstrating	Comments
Uses conventional pencil grip					
Is able to trace					
Uses letter like forms for writing					
Uses random letter forms					
Is able to copy					
Writes name					
Writes with uppercase letters					
Intermixes uppercase and lowercase letters when writing					

COGNITIVE DEVELOPMENT: Mathematical

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Consistently	Often	With Teacher Support	Currently not Demonstrating	Comments
Shows interest in numbers and quantity					
Recognizes numerical quantity					
Recognizes numbers 1 to 10					
Writes a few random numbers					
Recognizes basic shapes					
Can sort/classify					
Is able to sequence three objects according to an attribute					
Exhibits one-to-one correspondence skill					

Please mention any additional information you think might help our school make an informed decision.

If the school needs clarification, may we contact you?

YES

NO

Email _____

Phone: _____

Signature

Date

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



Teacher Evaluation

Students Grade 1st through 5th

Instructions: **Please give this form with a stamped envelope to the appropriate teacher at your current school, after January 1. Make sure the teacher is aware of the application deadline.**

Applicant's Name _____

Teacher

Person Completing Form _____

Grade Level Taught _____ School _____

Email Address _____

Phone _____

Dear Teacher,

Recognizing that completing this form is not part of your official duties, the school greatly appreciates your helping the applicant by supplying the information requested. Please return the evaluation form in the envelope provided to STEAM Global Learning Academy at the address printed below. *The information submitted will be considered confidential and will not become part of the student's school records. Your candor will benefit the applicant and the school.* Thank you!

ACADEMIC DEVELOPMENT: Language Arts

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Excellent	Above Average	Average	Below Average	Comments
Reading Level					
Written language Level					
Spelling Level					
Oral Language					

ACADEMIC DEVELOPMENT: Math

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Excellent	Above Average	Average	Below Average	Comments
Computation					
Problem-solving					
Mathematical Thinking					
Oral Language					

SOCIAL AND EMOTIONAL DEVELOPMENT

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

	Always	Usually	Seldom	Never	Comments
Is self-confident					
Has a positive attitude					
Is open to suggestions/Seeks help					
Takes initiative					
Meets challenges					
Demonstrates responsibility					
Interacts positively & constructively with others					
Respects property of others					
Follows directions					
Consistently does homework					
Is attentive					
Is a discipline problem in classroom					
Sense of humor					



Creativity					
Persistence					

Please comment on the applicant's strengths as a student.

Please comment on the applicant's challenges as a student.

Has he/she been identified as gifted, learning disabled and/or worked with a Learning Specialist? Do you have any concerns about his/her emotional, social, and/or cognitive development? If yes, please explain.

Are the parents supportive of the child? Are they supportive of school policies and faculty? Do they interact in school activities?

Please mention any additional information you think might help the school make an informed decision.

If the school needs clarification, may we contact you?

YES

NO

Email

Phone:

Signature

Date

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



AUTHORIZATION TO RELEASE STUDENT INFORMATION

School Name: _____

Address: _____

Please release a complete and official transcript as well as all applicable records/information.

Student: _____

Grade: _____

Parent/Guardian Name

Parent/Guardian Signature

Date

Please send via electronic mail to: registration@steamgloballearningacademy.com