

**COVENANT CHRISTIAN SCHOOL**

**ENTRANCE TEST**

AR User Name/PW \_\_\_\_\_ Testing Date/Time \_\_\_\_\_ Teacher Conducting Testing \_\_\_\_\_

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

*(Attach a copy of student's most recent report card, academic evaluation, and/or SAT scores.)*

Current Grade \_\_\_\_\_ Grade Level for Fall Entrance \_\_\_\_\_ Anticipated Enrollment Date \_\_\_\_\_

Parents' Names \_\_\_\_\_

Email Address \_\_\_\_\_ Best Contact Phone # \_\_\_\_\_

Address \_\_\_\_\_

Previous School \_\_\_\_\_

*(Your child's previous school may be contacted to confirm academic & conduct records.)*

Does your child have special needs? If yes, please explain. \_\_\_\_\_

Has your child ever received psychological testing by a certified psychometrist? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please submit a **copy** of the test results at the time of screening.

How did you hear about Covenant Christian School \_\_\_\_\_

\*\*\*\*\*↓ **FOR OFFICE USE ONLY** \*\*\*\*\* ↓\*\*\*\*\* **FOR OFFICE USE ONLY** ↓\*\*\*\*\*

<b>\$20.00 testing fee per student for K4/K5</b>	<b>\$30.00 testing fee per student for 1st-8th grades.</b>
Check _____	Cash _____
Date _____	Received by _____

<b><u>Early Childhood Assessment</u></b>		
Maturity _____	Readiness _____	Speech _____
Motor Skills _____	General _____	Other _____
<b><u>Elementary and Middle School Assessment</u></b>		
Reading Comprehension _____	Math _____	Spelling _____
Language _____	Oral Reading _____	Other _____

=====

**Recommendations by Teacher:**

\_\_\_\_\_

**Decision by KC:**

\_\_\_\_\_

**Follow-up regarding results made by KC or Teacher**

**Teacher's Initials** \_\_\_\_\_ **Date** \_\_\_\_\_ **Principal's Initials** \_\_\_\_\_ **Date** \_\_\_\_\_