

COVENANT CHRISTIAN SCHOOL

ENTRANCE TEST

AR User Name/PW _____ Testing Date/Time _____ Teacher Conducting Testing _____

Student Name _____ Male/Female 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 August 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** ↓*****

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

Elementary and Middle School Assessment	<input type="checkbox"/> Report Card	<input type="checkbox"/> SAT	<input type="checkbox"/> IEP/Testing Results
Reading Comprehension _____	Math _____	Spelling _____	
Language _____	Oral Reading _____	Other _____	
Recommendation by Teacher:			
Teacher's Initials _____		Date _____	

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Decision by Principal:

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

Principal's Initials _____ **Date** _____