



Robert A. Scott
Head of School

Eleanor Kolitz Academy

12500 NW Military Hwy. • Suite 150

San Antonio, Texas • 78231

(210) 302-6900 • Fax (210) 302-6913

Confidential School Report/Transcript Release

Applicant's Full Name _____ Applying for Grade _____

To the Head of School, counselor, or teacher:

The student named above is an applicant for admission to the Eleanor Kolitz Academy. The EKA considers both an applicant's academic and personal qualities when making its admission decisions. *Please ask two staff members (including this year's primary teacher) to complete this form and return it to us with a transcript of courses and grades and all standardized test results.* The information you provide is confidential and will not be available to the applicant or to his/her parents.

Parents: The authorization for transfer of school records is on the back of this report and must be signed before giving to the school.

Current grade enrolled _____ Recommended placement for 2007-08 school year _____

Please rank the following traits(1 being poor and 5 being outstanding):

Citizenship	1	2	3	4	5
Cooperation	1	2	3	4	5
Dependability	1	2	3	4	5
Honesty	1	2	3	4	5
Leadership	1	2	3	4	5
Peer Relationships	1	2	3	4	5
Relationship of achievement to ability	1	2	3	4	5
Respect	1	2	3	4	5

Please comment on any specific area noted above that you feel would assist us in making our decision.

Please comment on any of the following areas about which you have any particular concerns:

Physical/emotional/discipline

What is the applicant's attention span as compared to other children of his/her age? (circle one)

Average, above average, below average

Is the child easily distracted? _____

What is the activity level of the child? (normal or other – if other please explain)_____

What do you consider this child's strengths and weaknesses?_____

How well does the child follow directions?_____

How does the child relate to an authority figure?_____

Has the applicant participated in or stimulated disorderly, disruptive, or unmannerly conduct?

yes no If yes, comment. _____

Is the applicant eligible to re-enter your school next term? yes no

If no, comment. _____

For Students applying for grades 1-8 only

Please indicate current academic level:

Reading _____ on, _____ above* _____ or below* grade level?

Mathematics _____ on, _____ above* _____ or below* grade level?

*Please explain: _____

Has the applicant been disciplined by administrative officers or by a student judiciary? yes no

If yes, comment. _____

Has the applicant ever been suspended or expelled? yes no

If yes, the Head of School will call you. Telephone (_____) _____

Name(please print)_____

Signature _____ Date _____

Title _____

School _____

School Address _____

School Phone (_____) _____ School Fax(_____) _____

Home Phone (_____) _____

I, the undersigned, authorize Eleanor Kolitz Academy to secure all school records including official transcripts, achievement test scores, IQ scores, and health records on the above named student.

(Signature of Parent or Legal Guardian)

Please return to:
Eleanor Kolitz Academy
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San Antonio, Texas 78231
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