



Student Information Sheet: Form D

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Confidential – To be completed by the Applicant’s Teacher or School Administrator

Student’s Name:	Teacher’s Name:
Current Grade:	School:

Overview of Student’s Performance	Exceeds	Fully Meets	Generally Meets	Minimally Meets	Not Yet Within
General Organizational / Self Discipline Skills					
Ability to Work Independently					
Work Habits					
Reading Comprehension					
Writing Skills					
Mathematics Skills					
Artistic Ability					
Athletic Ability					
Religious Studies					
Homework Completion					
Interaction with Peers					

Extra-Curricular: <input type="checkbox"/> Badminton <input type="checkbox"/> Chess Club <input type="checkbox"/> Odyssey of the Mind <input type="checkbox"/> Volleyball <input type="checkbox"/> Cross Country <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basketball <input type="checkbox"/> Track and Field <input type="checkbox"/> Soccer <input type="checkbox"/> Student Council <input type="checkbox"/> Wrestling <input type="checkbox"/> Floor Hockey	
Service and Volunteering: <input type="checkbox"/> Crossing Guard <input type="checkbox"/> Office Duty <input type="checkbox"/> Peer Helper <input type="checkbox"/> Other: _____	
Special Placements/Recommendations: 	
Other Important Information: 	
Signature:	Date:

Please email to Saint John Paul II Academy care of Susan Kelly at skelly@sjp2academy.com