

## Principal/Teacher Information

Return completed form to:

<input type="checkbox"/> Eastside Hillsdale Elementary 6469 Guthrie Rd., NH <u>Tanya.France@trusd.net</u> Fax: 916-566-1801	<input type="checkbox"/> Frontier Frontier Elementary 6691 Silverthorne Cir., Sac. <u>Elizabeth.Clariza@trusd.net</u> Fax: 916-566-1841	<input type="checkbox"/> Westside Westside Elementary 6537 West 2 <sup>nd</sup> St., RL <u>Kelly.Pruit@trusd.net</u> Fax: 916-566-1991	<input type="checkbox"/> Regency Park Regency Park Elementary 5901 Bridgeway Dr., Sac. <u>Rowena.Figuracion@trusd.net</u> Fax: 916-566-3570
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**Parent/Guardian: Please deliver this form to your child's current teacher.**

**Teacher:** Thank you for completing this informational form on behalf of the student who is applying to Westside Preparatory Charter School. This information will give us a broader picture of the student and assist us in preparing for the coming school year. Please have your school principal sign this form and forward it to the address or fax number indicated by the parent/guardian above. It may be faxed, first class mail, or via interoffice mail or returned to the family for delivery to the school of their choice. We must receive this page **on or before THURSDAY, February 15, 2024** in order for this student's application to be placed in the lottery drawing.

If you receive this form **after February 15<sup>th</sup>, 2024** please return it to the family once it is completed, or fax it to the student's campus of choice.

Student Name: (Last)  (First)

Grade Applying For:  7  8

Referring Teacher:  Current Grade:

Current School:  Phone:

School District

How long has this student been in your class? \_\_\_\_\_ All year \_\_\_\_\_ Other

Favorable Not favorable (circle one on each line)

- |     |    |   |   |   |   |
|-----|----|---|---|---|---|
| 5   | 4  | 3 | 2 | 1 | Gets along with peers                       |
| 5   | 4  | 3 | 2 | 1 | Attends class regularly and punctually      |
| 5   | 4  | 3 | 2 | 1 | Demonstrates positive citizenship           |
| 5   | 4  | 3 | 2 | 1 | Completes academic assignments              |
| 5   | 4  | 3 | 2 | 1 | Works independently                         |
| 5   | 4  | 3 | 2 | 1 | Works to his/her fullest potential          |
| Yes | No |   |   |   | Meeting Grade Level Standards in READING    |
| Yes | No |   |   |   | Meeting Grade Level Standards in MATH       |
| Yes | No |   |   |   | GATE (Gifted and Talented Education)        |
| Yes | No |   |   |   | Resource Specialist Program                 |
| Yes | No |   |   |   | Student Assistance Plan/SAP (please attach) |
| Yes | No |   |   |   | Receives Speech Services                    |

Special Talents: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ (Required)

Principal Signature: \_\_\_\_\_ (Required)