



ST. PHILIP'S SCHOOL OF SAN FRANCISCO

FAITH • ACADEMICS • COMMUNITY • ENRICHMENT

I, the parent or legal guardian of this student, give permission for the teacher/preschool director to release information regarding my child.

Signature of

Parent/Guardian: _____ Date: _____

Name of Child:
Age:
Name of Preschool:

For your child's preschool complete:

General Development	Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
Interaction with others					
Shares & Cooperates					
Interaction with adults					
Follows routine requests					
Can express himself/herself					
Handles change					
Articulation					
Attention span					
Completes tasks					

Please add any additional comments:

Motor Development	Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
Walking					
Running					
Hopping					
Skipping					
Jumping					
Drawing					
Cutting					
Coloring					
Printing					

This child tends to be: (Please circle all that apply)

Active Aggressive Assertive Bossy Confident Happy Independent
 Helpful Moody Outgoing Quiet Talkative Secure Shy

How long have you known this child? _____

Is English the child's primary language? _____

Language (if not English) _____

Length of school day _____

Number of days per week _____

Date of entry into your program (month & year) _____

Does this child receive special services? _____

If yes, please list type(s) of services

Please add any additional
 comments _____

Preschool Teacher/Director's Name (please
 print) _____

Preschool Teacher/Director's
 Signature _____ Date _____

Please return this form by emailing it to info@saintphilipschool.org or by mailing it directly to:
 St. Philip's School, (Attn: Admissions), 665 Elizabeth Street, San Francisco, CA 94114