CrossLife Christian Academy

45 West Broadway Street

Oviedo, FL 32765

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Student Information Request Form

Confidential – For School Use Only

This form is to be completed by a current or most recent teacher and returned directly to the receiving school as part of the student application process.

Student Information

- **Student Name:** _____
- **Date of Birth:** _____
- **Current Grade Level:** _____
- **Current School:** _____
- **School Year(s) Taught:** _____

Teacher Information

- **Teacher Name:** _____
- **Position/Grade Taught:** _____
- **School Phone Number:** _____
- **Email Address:** _____

Academic Performance

Please rate the student using the scale below:
E = Excellent | G = Good | S = Satisfactory | N = Needs Improvement

Area	Rating	Comments (optional)
Reading	☐ E ☐ G ☐ S ☐ N	_____
Writing	☐ E ☐ G ☐ S ☐ N	_____
Mathematics	☐ E ☐ G ☐ S ☐ N	_____
Comprehension	☐ E ☐ G ☐ S ☐ N	_____
Work Completion	☐ E ☐ G ☐ S ☐ N	_____
Organization	☐ E ☐ G ☐ S ☐ N	_____

Classroom Behavior & Social Development

Please rate the student using the scale below:

Area	Rating	Comments (optional)
Follows classroom rules	☐ E ☐ G ☐ S ☐ N	_____
Respects peers and adults	☐ E ☐ G ☐ S ☐ N	_____
Self-control	☐ E ☐ G ☐ S ☐ N	_____
Cooperation	☐ E ☐ G ☐ S ☐ N	_____

Conflict resolution	☐ E ☐ G ☐ S ☐ N	_____

Learning Support & Services

- Has the student received academic support or intervention services?
  ☐ No ☐ Yes (please explain): _____
- Does the student have an IEP, 504 Plan, or documented accommodations?
  ☐ No ☐ Yes (please explain): _____

Attendance & Responsibility

- **Attendance:** ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- **Punctuality:** ☐ Consistently on time ☐ Occasionally late ☐ Frequently late

Comments (if needed): _____

Strengths

Please describe the student's strongest academic, social, or character traits:

Areas for Growth

Please describe any areas where the student may need additional support:

Additional Comments

Please share any information you believe would be helpful for the receiving school:

Recommendation

- Would you recommend this student for enrollment at another school?
  ☐ Yes ☐ Yes, with support ☐ No

Teacher Signature: _____ Date: _____

Thank you for taking the time to complete this form.