

**ATTENTION PARENTS:**  
**Do Not Fill Out This Report.**  
For SCHOOL PERSONNEL  
ONLY: Please complete this  
form and return or fax directly  
to Baptist Children's Home.

SCHOOL REPORT  
Please return to: BAPTIST CHILDREN'S HOME  
949 County Road 1300 N  
Carmi, IL 62821  
Phone: 618-382-4164 ex. 2204  
Fax: 618-382-2586

(Page 1 of 2)

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student's present grade classification: \_\_\_\_\_

If high school: 1) Number of credits accumulated: \_\_\_\_\_

2) Number of credits required for graduation: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_

Phone \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Is student in Special Education classes? \_\_\_\_\_ If yes, please list classification: \_\_\_\_\_

How long has student been in present school system? \_\_\_\_\_

Frequent absences? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Has student had psychological testing? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Where can this report be obtained? \_\_\_\_\_

(Name of Agency/School)

(Address)

Phone \_\_\_\_\_

Please attach a copy of the following: student's present class schedule, report card, immunization records, transcript, and IEP (if applicable) including psychological testing.



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Is the student a discipline problem? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has student ever been suspended from school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Describe student's reaction to discipline: \_\_\_\_\_

Describe student's reaction to praise: \_\_\_\_\_

Would you describe student's IQ as: \_\_\_\_\_ (**Average / Below Average / Above Average**)

Is student performing to potential? \_\_\_\_\_

What are student's strongest subjects? \_\_\_\_\_

What are student's weakest subjects? \_\_\_\_\_

How would you describe student's attention span? \_\_\_\_\_

How would you describe student's activity level? \_\_\_\_\_

How would you describe student's peer adjustment? \_\_\_\_\_

Does student come to school clean and adequately dressed? \_\_\_\_\_

Do you feel placement out of the home and community may be helpful to the student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



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## SCHOOL ENROLLMENT STATUS CONFIRMATION

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Date: \_\_\_\_\_

This is to confirm that \_\_\_\_\_  
(Student's Name)

\_\_\_\_\_ is currently enrolled in the \_\_\_\_\_ School District.

\_\_\_\_\_ is not currently enrolled in the \_\_\_\_\_ School District.

While this child is in placement at Angels' Cove, Mt. Vernon City School District 80 will be the school of attendance.

SIGNATURE: \_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

If you have any questions, please contact our intake worker at Phone: 618-382-4164 ex. 2204, or Fax: 618-382-2586.



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