

Kindergarten through Fourth Grade Applicants

PARENTAL PERMISSION FOR RELEASE OF RECORDS

TO THE APPLICANT'S FAMILY:

Please submit this form to your child's current school after completing the following information. Both Principal recommendation form and Teacher Recommendation Form will be used only for the admissions process and will not become part of the student's permanent school record. Records hand-delivered by the parents or guardians will not be accepted.

Applicant's Full Name: _____ Current Grade: _____

Current School: _____ Applying to Grade: _____

Current School Address: _____

_____ Current School Phone Number: _____

TO THE CURRENT SCHOOL:

Please return this form directly to:

Tessy Wassmann

Admissions Department
Director of Admissions & Enrollment Mgt.
600 SW 1st Avenue.
Miami, FL 33130

or by email to:
tessy@klaschools.com

Records to be released:

1. Grades (Please send all grades available from the student's current or last school year)
2. Attendance Records
3. Principal and Teacher recommendation Form

I hereby grant permission for the release of my child's school records to KLA Elementary School. I waive my right of access and agree not to seek access to confidential recommendation and evaluation materials.

Parent or Guardian Signature: _____ Date _____ / ____ / ____

PRINCIPAL RECOMMENDATION FORM

Name of Applicant: _____

Current Class: _____ Applying to: _____

The student above is applying for admission to KLA Elementary School. The information provided will be confidential.

How long have you known this applicant and family?

How would you describe this child?

Is the applicant eligible to re-enter your school next term? Yes No

If no, please explain: _____

Do the parents meet financial obligations in a timely manner? Yes No

If no, please explain: _____

Do the parents participate in school related activities? Yes No

Your comments regarding this applicant and family participation:

Print Name: _____ Position: _____

School: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

Kindergarten and First Grade

TEACHER RECOMMENDATION FORM

For Applicants to KLA Elementary School

Applicant's Full Name: _____

Current Grade: _____ Applying to Grade: _____

To the current teacher of the applicant:

The student above is applying for admission to KLA Elementary Schools. Please assess the student in the following areas. We appreciate your time and effort in supporting us in the process of getting to know this student. The information provided will be confidential. After completing the form, please mail or email the original directly to the KLA Schools Office of Admission. Thank You.

1. How long have you taught this student? _____

2. How would you describe this child's transition process into your classroom?

3. Mention words or phrases that will best describe this student:

4. Please mention any areas in which this student may need extra assistance or support:

5. Has this student ever been referred to a counselor or psychologist for psychological or educational testing or has the student been involved in any behavior modification program?
_____ YES _____ NO (If the answer is yes, please explain)

6. Is English a secondary language? _____ YES _____ NO
If answer is yes, please describe how well the student is able to perform in an atmosphere where English is the primary language.

AREAS OR COMPETENCIES	ALWAYS	OFTEN	ON OCCASSION	SELDOM	N/A
SOCIAL/EMOTIONAL DEVELOPMENT					
Follows class and school rules					
Accepts and respects authority					
Displays self control					
Shows respect for peers and teachers					
Is able to work collaboratively with others					
Follows instructions					
Pays attention in group settings					
Completes tasks independently					
Displays problem solving skills					
LANGUAGE ARTS DEVELOPMENT					
Speaks fluently and in complete sentences					
Participates in class dialogues					
Recognizes and writes own name					
Recognizes letters and their sounds					
Displays interest in books and comprehension of stories					
The student reads:					
Check if applicable: (_____ words _____ phrases _____ sentences.)					
Writes his/her name					
Writes words using emergent spelling/or using known vocabulary or sight words					

AREAS OR COMPETENCIES	ALWAYS	OFTEN	ON OCCASSION	SELDOM	N/A
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MATHEMATIC DEVELOPMENT

Recognizes and prints numbers 0 to 31 or higher					
Counts using 1:1 correspondence					
Understands number value					
Understands basic addition and subtraction concepts					
Sorts and compares					
Identifies 2D and 3D basic shapes					

ARTISTIC DEVELOPMENT

Is eager to explore art media					
Shows curiosity towards new tools and materials					
Enjoys singing, rhythm, and movement					

PHYSICAL DEVELOPMENT

Displays gross motor coordination					
Displays fine motor coordination					
Manages bathroom needs independently					
Exhibits sufficient stamina					
Enjoys participating in active games and sports					

Additional Comments:

Name: _____ Position: _____

School Name: _____ School's Telephone Number: _____

Address: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

Tessy Wassmann

Director of Admissions & Enrollment Mgt.

KLA Elementary School

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Miami, FL 33130

or email to

tessy@klaschools.com