



SCHAEFFERTOWN

MENNONITE HIGH SCHOOL

301 NORTH CARPENTER STREET, P.O. BOX 327, SCHAEFFERTOWN, PA 17088
 PHONE: (717) 964-8140 E-MAIL: office@smhigh.org

ACADEMIC INFORMATION

_____ is applying for admission to Schaefferstown Mennonite High School for the 20____ - ____ school term. In order to make a valid judgment regarding their admission, your evaluation of the student is needed.

Please complete this form and mail it promptly to the above address. **If possible, please include a transcript or copies of their current report card and the report cards from the last two years.** If the student is accepted, their records will be requested after the close of the school year.

Thank you.

Randall Hoover, *Administrator*

THE NAMED STUDENT IS/WAS ENROLLED IN OUR SCHOOL FOR THE 20____ - ____ SCHOOL TERM IN GRADE:
 (circle one) 8 9 10 11

THE STUDENT IS DOING PASSING WORK IN ALL SUBJECTS. YES _____ NO _____
 Please identify subjects in which the student is doing "D" or "F" work.
 Current grade average _____

THE STUDENT IS POSITIVE AND COOPERATIVE IN BEHAVIOR. YES _____ NO _____
 Comments: _____

THE STUDENT ACCEPTS RESPONSIBILITY AND HANDLES IT WELL IN THE CLASSROOM. YES _____ NO _____
 Comments: _____

THE STUDENT SEEMS TO HAVE POSITIVE ATTITUDES AND GOOD WORK HABITS. YES _____ NO _____
 Comments: _____

I RECOMMEND THIS STUDENT FOR ADMISSION TO SMHS. YES _____ NO _____
 Why or why not? _____

CONTACT INFORMATION

SIGNATURE: _____ TITLE: _____
 SCHOOL: _____ DATE: ____ / ____ / ____
 E-MAIL: _____ PHONE: () _____ - _____
 ADDRESS: _____