

CONFIDENTIAL STUDENT REFERENCE (For students entering pre-K — grade 4)

To the Parent: Please fill out and sign the top of this form.

PERSONAL DATA OF THE STUDENT					
Student's Name:					
Anticipated date of enrollmentr	month/year	For grade			
RELEASE OF INFORMATION					
My /our child is applying to GERMAN INTERNATIONAL SCHOOL NEW YORK (GIS). I / we appreciate your assistance in completing this confidential form and give permission to provide the information required. I / we waive any right to read the completed document.					
Parent's Signature(s):	Signature(s):Date:				
To the Principal or Teacher: The student whose name appears above has applied for admission to the GIS. Please complete the items below and return this form at your earliest convenience. Language Background Survey					
Please indicate on the continuum below the student's English language ability.					
Limited	Basic	Substantial			
Please indicate on the continuum below the student's German language ability.					
Limited	Basic	Substantial			
Which languages are spoken at hor	me?				

Student Support	Form Stude	ent's Name	
Describe indicate below	the applicant's a	bility to:	
Concentrate	Area of Concern	Age Appropriate	Exceeds Age Expectations
Follow directions			
Participate in class			
Communicate ideas			
Cooperate			
Share with others			
Describe indicate below	the applicants:		
	Area of Concern	Age Appropriate	Exceeds Age Expectations
Fine motor control			
Gross motor control			
Speech Development			
Language Development			
Reading Performance			
	C	omments	
•	•		s applicant that may be helpful to nesses, special talents or hobbies,
Date	School	(Prii	ncipal or Teacher's) Signature

Thank you for your assistance. Please return this letter to: mlula@gisny.org Admissions Office German International School New York 50 Partridge Road, 10506 White Plains