



HOLY FAMILY SCHOOL
RECOMMENDATION FORM - Grades 1-8
 (Not a request for CUM FOLDER)

To Applicant: Please fill in the upper portion of this form including Parent Authorization for Release of Records and **give to your principal, teacher or counselor. They will mail it to us, do not return it yourself.**

APPLYING FOR GRADE: _____ DATE OF BIRTH: _____ AGE: _____

STUDENT'S NAME: _____ PLACE OF BIRTH: _____

STUDENT'S ADDRESS: _____ TELEPHONE: _____

PRESENT SCHOOL NAME: _____ TELEPHONE: _____

ADDRESS OF SCHOOL : _____

PARENT AUTHORIZATION FOR RELEASE OF RECORDS AND RECOMMENDATION

The undersigned hereby consents to release to Holy Family School a copy of all educational or psychological records for the above named student, including grades, test scores, recommendations and other information as may be requested.

 Signature of parent or legal guardian

 Date

TO THE PRINCIPAL, TEACHER, OR COUNSELOR: The above named student is an applicant for admission into grade _____. We are requesting grades, test scores and a recommendation. This information is essential in evaluating the student. **DO NOT SEND CUM FOLDER!** Please mail the above information to:
Holy Family School, 4850 Pearl Avenue, San Jose, CA 95136. Thank you for your cooperation.

ACADEMIC RECORD

Current year's grades
 1st Semester 2nd Semester

Last year's grades
 1st Semester 2nd Semester

Reading			Reading		
English			English		
Math			Math		
Conduct			Conduct		

TESTING RECORD: Please send us a copy of this student's most recent standardized test scores.

Any special academic testing performed? Yes _____ No _____ Dates _____

Any accommodations or modifications given? _____

Study Skills	very good	average	below average
Homework	_____	_____	_____
Use of class time	_____	_____	_____
Independent assignments	_____	_____	_____

Social Skills	very good	average	below average
Interaction with peers	_____	_____	_____
Interaction with adults	_____	_____	_____
Self-help	_____	_____	_____

	YES	NO
Is this student able to remain on task?	_____	_____
Is this student focused in a small group?	_____	_____
Does this student interact well with peers?	_____	_____
Does this student display acceptable behavior?	_____	_____

PARENTAL SUPPORT	YES	NO
Maintains contact with teacher?	_____	_____
Supports teacher in attaining academic & behavioral objectives?	_____	_____
Evidences support of school program?	_____	_____

RECOMMENDATION

Highly recommended ___ Recommended with reservation ___ Not recommended ___

COMMENTS: _____

All evaluations are confidential and will be used solely to determine suitability for admissions and placement.

SIGNATURE _____ **TITLE** _____

Please mail completed form to: Holy Family School, 4850 Pearl Ave., San Jose, CA 95136