



HOLY FAMILY CATHOLIC SCHOOL

"Shaping lives and creating a bright future together in faith, knowledge and love."

STUDENT REFERENCE INFORMATION

TEACHER, PRINCIPAL OR GUIDANCE COUNSELOR REFERENCE (GRADES 1 – 8):

The student named below has applied to Holy Family Catholic School. Your evaluation of the application will be an invaluable tool in our admission process. The applicant's file is not considered complete without the return of this form, a record of current and last year's marks, and standardized test scores for achievement and ability. Your remarks will be kept confidential.

Thank you for your prompt assistance.

In order to guarantee confidentiality, this form will be destroyed and not placed in the applicant's file.

Name of Applicant: _____ **Current Grade:** _____

Date Student Entered: _____ **How long have you known him/her?** _____

Based on your personal experience and knowledge of this student, please circle the appropriate response:

	Below	Average	Above	Outstanding
Academic potential	1	2	3	4
Academic Achievement	1	2	3	4
Dependability	1	2	3	4
Conduct and Discipline	1	2	3	4
Respect accorded by faculty	1	2	3	4
Leadership Potential	1	2	3	4
Personal Integrity	1	2	3	4
Concern for others	1	2	3	4
Overall recommendation as a student	1	2	3	4
Overall recommendation as a person	1	2	3	4

Has the applicant had any disciplinary problems? YES / NO

If yes, explain:

Has the applicant received any special educational services? YES / NO

If yes, please explain when and where:

See reverse

Does the applicant have an unusual number of absences from school?

YES / NO

If yes, please explain:

Please provide any other information, which you feel, will be useful in our assessment of this applicant. Your comments are, of course, confidential. If you wish to discuss this applicant personally, please contact the Sr. Dorothy Sayers at (407) 876-9344.

Are the parents supportive of your school and school policies? YES / NO

Please indicate the strength of your recommendation regarding this student's candidacy for admission by checking the appropriate responses.

Strength of Recommendation:

Enthusiastically ___ Strong ___ Fairly Strong ___ Without Enthusiasm ___ Do not recommend ___

Explanation:

Your Name: _____

Date: _____

School: _____

Position: _____

School Address/Phone:

PLEASE RETURN FORM TO:

**Holy Family Catholic School
5129 S. Apopka-Vineland Rd.
Orlando, FL 32819**

**Attn: Sr. Dorothy Sayers, M.P.F.
Principal**

Holy Family ~ A Blue Ribbon School

