



HOLY FAMILY CATHOLIC SCHOOL
"Shaping lives and creating a bright future together in faith, knowledge and love."

**STUDENT REFERENCE
INFORMATION**

To Pre-K and Kindergarten Teachers:

Please help us to determine class placement for next year by completing the form below. 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. 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?** _____

Academics (PLEASE CIRCLE ONE) **Average** **Below Average**

Behavioral/Emotional Concerns **YES / NO**

If yes, explain:

Parental Involvement in class **YES / NO**

Health/Speech Issues **YES / NO**

If yes, describe:



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**STUDENT REFERENCE
INFORMATION - page 2**

Recommend: **YES / NO**

If you do not recommend, please explain:

Your Name: _____ **Date:** _____

Position: _____

School: _____

School Address:

Street *City* *State* *Zip Code*

School Phone: _____

PLEASE MAIL THIS FORM DIRECTLY TO:

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

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



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