



HOLY CROSS HIGH SCHOOL

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Confidential School Recommendation Form

Transfer Applicant (Please type or print clearly)

Instructions

To the Student and Parent/Guardian: Please complete all sections on Page 1 of this form and forward it to the appropriate school official to be completed and returned to Holy Cross.

To the School Official: Once the student listed below has completed the required fields, we ask that you complete the remainder of this form. We appreciate your candid assessment of the student's academic and personal credentials. Subsequent to completing this form, we ask that you return it to Holy Cross along with copies of the student's records (including middle/high school academic records, attendance, disciplinary, health and any available achievement and aptitude testing information) in the return envelope provided to you by the student.

Student's Name _____
First Middle Last

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Date of Birth ____/____/____
Month Day Year

School Currently Attending _____ City, State _____

Current Grade Level _____ Applying for Grade _____

Please write a brief statement in response to the following questions: Why are you interested in attending Holy Cross High School? And what do you think you can contribute to the Holy Cross community?

Signature of Student _____ Date ____/____/____
Month Day Year

Dear School Official:

I hereby grant permission to release any of my child's records (including but not limited to, Academic, Attendance, Disciplinary, Health, Psychological Testing, etc.) to Holy Cross High School.

Signature of Parent/Guardian _____ Date ____/____/____
Month Day Year

To be completed by School Official

Name of Evaluator _____ Title _____

Phone # _____ How long have you known the student? _____

Signature of Evaluator _____ Date _____/_____/_____
Month Day Year

1. Does this student have any unusual problems known to you that could affect his/her placement in a college preparatory program (this would include emotional problems, learning disabilities, etc.)? Yes No

If Yes, please explain: _____

2. The student currently has: 504 Plan IEP (Please attach applicable documentation.)

3. What is your estimate of this student based on the characteristics listed below? (please check)

| | Excellent | Good | Average | Below Average | No Basis for Judgment |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Achievement | <input type="checkbox"/> |
| Academic Potential | <input type="checkbox"/> |
| Character | <input type="checkbox"/> |
| Integrity | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> |
| Leadership | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> |
| Concern for Others | <input type="checkbox"/> |

3. Based on your interaction with this student, please comment on the student's qualifications related to the characteristics listed above, as well as interests and activities in-school and out-of-school: _____

| | | | | |
|----------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| Summary Evaluation: | Highly Recommend | Recommend | Recommend with Reservation | Do Not Recommend |
| Overall Recommendation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |