



2019-2020 STUDENT RECOMMENDATION

To be completed by the current teacher

TO BE COMPLETED BY THE PARENT

Student Name _____ Applying for Grade _____

Parents/Guardians _____

I hereby give my permission for my child's teacher(s) to complete this form and forward it to Holy Family School. I understand that the information contained in this form will remain confidential.

Parent Signature _____ Date _____

TO BE COMPLETED BY THE TEACHER

The above-named child has applied for admission to Holy Family School. We have a rigorous, faith-centered curriculum, and we would appreciate your thoughtful evaluation of the student in the areas listed below to help us determine his/her readiness for success at Holy Family Parish School. Thank you for taking the time to complete this recommendation and return it by mail to Holy Family School no later than February 6, 2019.

Form Completed By _____ Title _____

School Name _____ Address _____

Does the student have a diagnosis or learning challenge that impacts his/her performance?

If yes, please explain on the back. Yes No

Does the student have special accommodations in the classroom? If yes, please explain on the back. Yes No

What are the first three words that come to mind when you think of this student? _____

Please rate the following characteristics of this student.

(4 = Exceeds Expectations, 3 = Meets Expectations, 2 = Approaches Expectations, 1= Does Not Meet Expectations)

Courtesy/Cooperation	1	2	3	4
Respect for other children	1	2	3	4
Respect for teacher	1	2	3	4
Conduct	1	2	3	4
Overall academic performance	1	2	3	4
Reading readiness	1	2	3	4
Writing proficiency	1	2	3	4
Math readiness	1	2	3	4
Handwriting readiness	1	2	3	4
Consistency in performance	1	2	3	4
Completion of homework	1	2	3	4
Effort	1	2	3	4
Works independently	1	2	3	4
Health/Attendance/Punctuality	1	2	3	4

I recommend this student enthusiastically with confidence with reservations not at all

I would like a telephone conference to provide further information. Yes No

Best time to call _____ Phone number _____

Teacher's Signature _____ Date _____

Please return this completed form to the following address by February 6.

Holy Family Parish School
Attn: Admissions
7300 120th Avenue N.E., Kirkland, WA 98033



PRINCIPAL/DIRECTOR RECOMMENDATION FORM

TO BE COMPLETED BY THE PARENT

I give my permission for the Principal/Director to provide the following information to Holy Family School

for _____
Name of Applicant Parent Signature

TO BE COMPLETED BY THE OFFICE OF THE PRINCIPAL/DIRECTOR

Please complete this confidential information as accurately as possible and sign at the bottom of this page. Along with this form please send a copy of the student's official transcript/permanent record, standardized test scores, report cards from the preceding two years (if applicable) and grades/progress reports from the current year. This form is due to Holy Family School by Wednesday, February 6.

Name of person completing form _____

Position _____ Email _____

School _____ Phone (_____) _____

How many years has the applicant attended your school?

This year, how many times has the applicant been absent? _____ Tardy? _____

How many discipline referrals has this student received? _____ Suspensions? _____

Does the applicant's family meet contractual obligations in a timely fashion?

_____ Always _____ Mostly _____ Rarely

Are the parents/guardians actively involved in the school community?

_____ Always _____ Mostly _____ Rarely

Do the parents/guardians demonstrate respect for all members of the school community?

_____ Always _____ Mostly _____ Rarely

COMMENTS

I would like a telephone conference to provide further information: Yes No

Best time to call _____ Phone number to call _____

Principal's Signature _____ Date _____

Please return this completed form to the following address by February 6.

Holy Family Parish School
Attn: Admissions
7300 120th Avenue N.E., Kirkland, WA 98033