



ACADEMY OF THE HOLY FAMILY

54 WEST MAIN STREET - BOX 691 - BAL TIC, CT 06330
860-822-9272 Admissions: 860-822-6279 Fax: 860-822-1318

AUTHORIZATION FOR RELEASE OF RECORDS to be given by Parent/Guardian to current school

Student Name: _____ Date of Birth: _____

Address: _____

Current Grade: _____ Home Telephone: _____

I hereby authorize the Academy of the Holy Family to receive the following records of the above named student:

- ❖ Academic – including current grades and courses, standardized test scores
- ❖ Disciplinary – including attendance records
- ❖ Health – including all medical and immunization records, psychological and neurological reports
- ❖ Supplemental – including planning and placement team records, any confidential files
- ❖ For incoming ninth graders, please provide 6th, 7th and 8th grade reporting
- ❖ For transfer students, please provide the current high school transcript

_____ Parent/Guardian Signature	_____ Parent/Guardian Name Printed	_____ Date
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Current School: _____ Telephone: _____

Address: _____

To: **The Principal or School Counselor:** Kindly assist the Academy of the Holy Family in correctly placing the above named student by providing all of the requested information. All information will be held in strict confidence.

Please return all medical forms attention: Nurse's Office at Academy of the Holy Family, 54 West Main Street, Box 691, Baltic, CT. 06330 Attn: Mrs. Cheryl Johnson or Fax: 860-822-1318 or schoolnurse@ahfbaltic.org. ~ All other records to:

Admissions; Academy of the Holy Family, 54 West Main Street, Box 691, Baltic, CT. 06330 - Fax: 860-822-1318

PRINCIPAL or GUIDANCE COUNSELOR or HOMEROOM TEACHER RECOMMENDATION

To be completed by Principal, Counselor or Teacher: Name: _____ Title: _____

Contact Phone: _____ Email: _____ How long known student: _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information that you furnish will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. On behalf of this student, we thank you for your cooperation. Please complete this recommendation and return it to: Academy of the Holy Family at the address above.

What are the first three words that come to mind to describe this student? _____

What are the student's strengths? As a student: _____ As a person: _____

What are her weaknesses? As a student: _____ As a person: _____

PRINCIPAL or GUIDANCE COUNSELOR or HOMEROOM TEACHER RECOMMENDATION (continued)

Student's rank in class (from top): _____ # of student's in entire grade: _____ Honors courses: _____

Has the student been promoted regularly during her school career? _____ If not, please explain: _____

Are you aware of any special circumstances that might affect the student's life at school? _____ Please explain: _____

Please use the following scale to evaluate the student in the categories below:

0 = no basis for judgment; 1 = below average; 2 = average; 3 = above average; 4 = outstanding.

- __ Honesty/Integrity __ Self-esteem __ Self discipline __ Leadership __ Intellectual curiosity __ Initiative
__ Academic performance __ Motivation __ Ability to organize __ Perseverance __ Responsibility __ Respect
__ Maturity (relative to age) __ Reaction to setbacks __ Sense of Humor __ Sensitivity to others __ Creativity

Which word best describes the parents in regard to their daughter? __ Supportive __ Demanding __ Controlling
__ Indifferent __ Unrealistic / Other comments: _____

If you have any additional comments, please note them here: _____

Also if there are any comments that you would feel more comfortable sharing in a phone call, please provide the phone number and the most convenient time to call: _____

Signature: _____ Title: _____ Date: _____

Again we thank you for your time, effort and the helpful information you provided.



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MATH TEACHER RECOMMENDATION

To be completed by Math Teacher: Name: _____ Course Description: _____

Contact Phone: _____ Email: _____ How long known student: _____

Student Name: _____ Current School: _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information that you furnish will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. On behalf of this student, we thank you for your cooperation. Please complete this recommendation and return it to: Academy of the Holy Family at the address above.

What are the first three words that come to mind to describe this student? _____

What are the student's strengths? As a student: _____ As a person: _____

What are her weaknesses? As a student: _____ As a person: _____

Student's rank in class (from top): _____ # of student's in entire grade: _____ Honors courses: _____

Is this course modified or sectioned according to ability? ____ If so, please explain: _____

_____ How often does the class meet? _____

What texts are used? _____ What is this student's average? _____

What would be the next course for this student to take in high school? _____

Please use the following scale to evaluate the student in the categories below:

0 = no basis for judgment; 1 = below average; 2 = average; 3 = above average; 4 = outstanding.

___ Honesty/Integrity ___ Self-esteem ___ Self discipline ___ Leadership ___ Intellectual curiosity ___ Initiative

___ Academic performance ___ Motivation ___ Ability to organize ___ Perseverance ___ Ability to concentrate

___ Respect ___ Maturity (relative to age) ___ Reaction to setbacks ___ Sense of Humor ___ Sensitivity to others

___ Creativity ___ Seeks help when needed ___ Class participation ___ Study habits ___ Relates well with teacher(s)

___ Peer compatibility ___ Willingness to take intellectual risks ___ Responsibility ___ Attitude ___ other: _____

MATH TEACHER RECOMMENDATION (continued)

If this student handed in an assignment late, it would probably be late because the student: ___ strives for perfection, ___ procrastinates, ___ has a lot of other activities, ___ does not apply; student's work is not late. - Other: _____

How well does the student accept advice or criticism? _____

Which word best describes the parent(s)/guardian(s) in regard to their daughter? ___ Supportive ___ Demanding ___ Controlling ___ Indifferent ___ Unrealistic / Other comments: _____

Are you aware of any special circumstances that might affect the student's life at school? _____ Please explain:

If you have any additional comments, please note them here: _____

Also if there are any comments that you would feel more comfortable sharing in a phone call, please provide the phone number and the most convenient time to call: _____

Signature: _____ Title: _____ Date: _____

Again we thank you for your time, effort and the helpful information you provided.



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ENGLISH TEACHER RECOMMENDATION

To be completed by English Teacher: Name: _____ Course Description: _____

Contact Phone: _____ Email: _____ How long known student: _____

Student Name: _____ Current School: _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information that you furnish will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. On behalf of this student, we thank you for your cooperation. Please complete this recommendation and return it to: Academy of the Holy Family at the address above.

What are the first three words that come to mind to describe this student? _____

What are the student's strengths? As a student: _____ As a person: _____

What are her weaknesses? As a student: _____ As a person: _____

Student's rank in class (from top): _____ # of student's in entire grade: _____ Honors courses: _____

Is this course modified or sectioned according to ability? ___ If so, please explain: _____

_____ How often does the class meet? _____

What texts are used? _____ What is this student's average? _____

What would be the next course for this student to take in high school? _____

Please use the following scale to evaluate the student in the categories below:

0 = no basis for judgment; 1 = below average; 2 = average; 3 = above average; 4 = outstanding.

___ Honesty/Integrity ___ Self-esteem ___ Self discipline ___ Leadership ___ Intellectual curiosity ___ Initiative

___ Academic performance ___ Motivation ___ Ability to organize ___ Perseverance ___ Ability to concentrate

___ Respect ___ Maturity (relative to age) ___ Reaction to setbacks ___ Sense of Humor ___ Sensitivity to others

___ Creativity ___ Seeks help when needed ___ Class participation ___ Study habits ___ Relates well with teacher(s)

___ Peer compatibility ___ Willingness to take intellectual risks ___ Responsibility ___ Attitude ___ other: _____

ENGLISH TEACHER RECOMMENDATION (continued)

If this student handed in an assignment late, it would probably be late because the student: ___ strives for perfection, ___ procrastinates, ___ has a lot of other activities, ___ does not apply; student's work is not late. - Other: _____

How well does the student accept advice or criticism? _____

Which word best describes the parent(s)/guardian(s) in regard to their daughter? ___ Supportive ___ Demanding ___ Controlling ___ Indifferent ___ Unrealistic / Other comments: _____

Are you aware of any special circumstances that might affect the student's life at school? _____ Please explain:

If you have any additional comments, please note them here: _____

Also if there are any comments that you would feel more comfortable sharing in a phone call, please provide the phone number and the most convenient time to call: _____

Signature: _____ Title: _____ Date: _____

Again we thank you for your time, effort and the helpful information you provided.