

**Student Reference Form for
GRADES 1 to 8**

This form is to be presented by the parent/guardian of the applicant to the Principal of the student's current school on behalf of Holy Cross School.

Holy Cross School
300 Dubuc Street, Winnipeg MB R2H 1E4
Phone: (204) 237-4936

This SRF is to be completed by the primary classroom teacher, of the school your child currently attends.

Student: _____	Current School: _____
Application for Grade _____ for school year: 20____ - 20____	

FIPPA / PHIA Release: The parent/guardian of the student named on this form agrees to permit their current School to release the information requested below to Holy Cross School for the purposes of its application process.

Signature of parent/guardian of the applicant: _____ **Date:** _____

The student named above has applied for admission to Holy Cross School. We would appreciate your comments regarding this student as we proceed with the admissions process. This information will help us address the student's needs and will be kept in strict confidence. Your frank rating and comments will ultimately aid the student, his/her family, and our school. Please return this form as soon as possible by EMAIL to hcsoffice@holycrossschool.mb.ca or by scanned document emailed to the previously stated email with the subject line: **Student Reference Form *Student Name***

Please indicate the type of program the student currently follows. Regular Adapted Modified EAL

Has the student ever been referred to or received any of the following (specify on an additional sheet if required):
 Occupational Therapy Speech and Language Development Psychological Services
 Resource Programming Other (Please specify)

Please circle below.	Poor =1	Excellent =5	Comments
Attendance + Punctuality	1	2 3 4 5	
Study Habits/Organization	1	2 3 4 5	
Co-operation	1	2 3 4 5	
Displays Self-Regulation	1	2 3 4 5	
Academic achievement	1	2 3 4 5	
Class participation	1	2 3 4 5	
Relationship with peers	1	2 3 4 5	
Relationship with teachers	1	2 3 4 5	
Responsibility	1	2 3 4 5	

Would this child require additional supports to be successful at Holy Cross? Please specify. Use a separate sheet if required.

Has this student demonstrated behaviour management issues? Severe Minor Not at all

Would you recommend this student for a placement at Holy Cross School? Yes No

Additional Comments (please use additional pages if needed):

Your Name (please print): _____ Position: _____

Your Signature: _____

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