

**Student Reference Form for  
KINDERGARTEN ONLY**

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

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

**This SRF form is to be Completed by the Principal/Coordinator of the School/Daycare/Nursery Program**

Student:	Current School/Program:
Application for Kindergarten for school year: 20__ - 20__	

**FIPPA / PHIA Release:** The parent/guardian of the student named on this form agrees to permit their current School/Program 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 Kindergarten at 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](mailto:hcsoffice@holycrossschool.mb.ca) or by scanned document emailed to the same address with the subject line: **Student Reference Form \*Student Name\***

Has the student ever been referred to or received any of the following (specify on the back of this sheet):

- Occupational Therapy     
  Speech and Language Development     
  Psychological Services  
 EAL Programming     
  Other (Please specify)

Please circle below.	Poor =1	Excellent =5	Comments
Follows directions	1	2 3 4 5	
Independently does tasks	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	
Accountability	1	2 3 4 5	

Would this child require additional supports to be successful in Kindergarten? Please specify.

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

Would you recommend this child for a placement at Holy Cross School? Yes \_\_\_\_ No \_\_\_\_

Additional Comments (please attach additional pages if you feel it necessary):

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Your Name (please print): \_\_\_\_\_ Your Signature: \_\_\_\_\_

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