Recommendation to:
Kolbe Cathedral High School
33 Calhoun Place
Bridgeport, CT 06604
(203)335-2554 phone (203) 335-2556 fax

Release **(Must be completed by parent and given to the student's present school.)**

I give my permission to _____ to provide the
School

records of _____ to Kolbe Cathedral High School.
Student's Name

Date: _____ Signature: _____

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School Principals, Assistant Principals or guidance counselors should complete this section:

APPLICANT: _____ **SCHOOL:** _____

1. Is honors placement recommended? No_____. Yes, in the following subject/s_____
2. Has there been a PPT for this student? No_____ Yes_____
3. Is there an IEP or 504 Plan for this student? No_____ Yes_____
4. Does this student receive special services? No_____ Yes_____
5. Has this student been suspended from school? No_____ Yes_____

The information provided is truthful and accurate to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

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A classroom teacher should rate this student in the following areas by comparing him/her to other students in the same grade. Please include a written appraisal on the reverse side.

	Outstanding (Top 2-3%)	Excellent (Top 10%)	Above Avg.	Average	Below Avg.	Unobserved
Verbal Skills						
Written Skills						
Math Skills						
Creativity						
Leadership						
Personal Responsibility						
Independence						
Cooperation						
Interpersonal Relations						
Response to Correction						
Motivation						

Student Appraisal

Student Name: _____ Date: _____

Please include information regarding the student's work ethic, behavior and ability to cooperate with others.

The information provided is truthful and accurate to the best of my knowledge.

Teachers Signature: Date:

Forward this form and a copy of the student's transcript and most recent report card to Kolbe Cathedral H.S.