



# Holy Family Catholic School

*Challenging the mind. Inspiring the heart.*

## Teacher Reference Form

**Instructions to Parent/Guardian:** Please complete above the dotted line of this form and give to your child's current teacher. The teacher should return the questionnaire directly to Holy Family.

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_  
Last First

My son/daughter is applying for admission to Holy Family Catholic School. Please complete this form and return directly to the school. I hereby authorize conversation and records sharing between the two schools. I agree to hold the School identified below and its Administrator harmless for information provided in this questionnaire.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

.....

School Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

What subject or grade level do you teach this student? \_\_\_\_\_

Your candid evaluation of the student will be important to a good admission decision for this student. Please use the back of this form for any additional comments. All information provided will be held in strict confidence pursuant to Diocesan School Policy 310 and will be disclosed only to members of the Holy Family school administration.

Criterion	Exceptional	Above Average	Average	Below Average	Poor
Overall Academic Ability					
Language Arts					
Math					
Leadership					
Responsibility					
Attendance					
Behavior					
Parental Support					

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form should be completed by the teacher and returned directly to:*

Holy Family Catholic School  
**Admission Office**  
9400 Neenah Avenue  
Austin, Texas 78717  
Fax: (512) 246-4454

9400 Neenah Ave.  
Austin, TX 78717

P: (512) 246-4455  
F: (512) 246-4454

[www.holyfamilycs.org](http://www.holyfamilycs.org)

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