

# Holy Trinity School

10 Beacon Street, Greenfield, MA 01301  
(413) 773-3831 Fax: (413) 774-7794  
holytrinityschool@comcast.net  
www.holytrinityschool-gfld.org

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## *AUTHORIZATION TO RECEIVE RECORDS*

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Date: \_\_\_\_\_

To: \_\_\_\_\_  
(School Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

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To Whom It May Concern:

You are hereby authorized to furnish **COPIES** of all scholastic, health, special needs evaluation materials and other essential school records for:

➤ \_\_\_\_\_  
(Student Name)

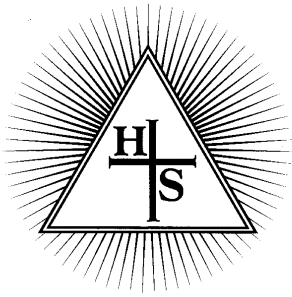
Grade Entering: \_\_\_\_\_

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All materials are to be sent to:

HOLY TRINITY SCHOOL  
Attention: Principal  
10 Beacon Street  
Greenfield, MA 01301-2099

Signature of Parent or Guardian: \_\_\_\_\_



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## *STUDENT RECOMMENDATION FORM*

*To Be Completed by Current Teacher For All Students Entering Grade 1 and Above.  
Please complete both sides.*

**NAME OF STUDENT:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_

**NAME OF TEACHER COMPLETING REPORT:** \_\_\_\_\_

### **I. ACADEMIC STATUS**

Current Estimated Reading Level: \_\_\_\_\_

Title/Publisher of Reading Program: \_\_\_\_\_

Placement in Reading Group:    \_\_\_\_ Upper    \_\_\_\_ Middle    \_\_\_\_ Lower

Current Mathematics Level: \_\_\_\_\_

Title/Publisher of Mathematics Program: \_\_\_\_\_

Title I Services:    \_\_\_\_ Yes    \_\_\_\_ No

Subject(s): \_\_\_\_\_

SPED Services:    \_\_\_\_ Yes    \_\_\_\_ No

Service(s) Received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

II. Social/Behavioral Status

Briefly describe the applicant's interactions with peers:\_\_\_\_\_

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Briefly describe the applicant's level of motivation and attitude towards school:

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Briefly describe general conduct and attitudes:\_\_\_\_\_

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Signature of Teacher:\_\_\_\_\_

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# **Student Recommendation & Records**

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Please fill out the following forms and give these to your child's old school.