

St. Lawrence Elementary and Middle Schools  
 1977 St. Lawrence Drive  
 Santa Clara, CA 95051  
 408/296-2260

**RECOMMENDATION FORM ONLY**  
 (Not a request for CUM FOLDER)

To applicant: Please fill in the upper portion of this form including Parent Authorization for Release of Records and give to your principal, teacher or counselor. They will mail it to us in the envelope provided.

STUDENT NAME: \_\_\_\_\_ APPLYING FOR GRADE \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PRESENT SCHOOL NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS OF SCHOOL \_\_\_\_\_

**PARENT AUTHORIZATION FOR RELEASE OF RECORDS AND RECOMMENDATION**

The undersigned hereby consents to release to St. Lawrence Elementary & Middle Schools a copy of all educational or psychological records for the above named student, including grades, test scores, recommendations and other information as may be requested.

\_\_\_\_\_  
 Signature of parent of legal guardian

\_\_\_\_\_  
 Date

TO THE PRINCIPAL, TEACHER OR COUNSELOR: The above named student is an applicant for admission into grade \_\_\_\_.  
 We are requesting grades, test scores, and a recommendation. This information is essential in evaluating the student.  
**DO NOT SEND CUM FOLDER!** Thank you for your cooperation.

A. ACADEMIC RECORD	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>
Current year's grades	Sem.	Sem.	Last year's grades	Sem.
Reading	_____	_____	Reading	_____
English	_____	_____	English	_____
Math	_____	_____	Math	_____
Social Studies	_____	_____	Social Studies	_____
Science	_____	_____	Science	_____
Conduct	_____	_____	Conduct	_____

B. TESTING RECORD:

Please send us a copy of this student's most recent standardized test scores.

Study Skills	very good	average	below
average Homework	_____	_____	_____
Use of class time	_____	_____	_____
Independent assignments	_____	_____	_____

Social Skills

Interaction with peers	_____	_____	_____
Interaction with adults	_____	_____	_____
Self-help	_____	_____	_____

Yes

No

Is this student able to remain on task?	_____	_____
Is this student focused in a small group?	_____	_____
Does this student interact well with peers?	_____	_____
Does this student have good self-concept? _____	_____	_____

Does this student display acceptable behavior? \_\_\_\_\_

C. PARENTAL SUPPORT

Yes

No

Maintains contact with teacher	_____	_____
Supports teacher in attaining academic & behavioral objectives	_____	_____
Evidences support of school program	_____	_____

D. RECOMMENDATION

Highly recommended \_\_\_\_\_ Recommended with reservations \_\_\_\_\_ Prefer not to make recommendation \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All evaluations are confidential and will be used solely to determine suitability for admissions and placement.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

SCHOOL \_\_\_\_\_

TELEPHONE \_\_\_\_\_