

STUDENT TRANSFER RECOMMENDATION FORM

(Applicant is to complete the first 4 lines)

Name of Applicant _____
Last First Middle
Address _____
Street City State Zip
Birth date of applicant: _____ Present Grade: _____
Day Month Year
Transferring from: _____
School City State

THE SCHOOL WILL MAINTAIN THIS DOCUMENT IN STRICTEST CONFIDENCE

The above-named student has made application for admission to Our Lady of the Holy Souls Catholic School in Little Rock, AR. Any information, which will help us make a fair decision, will be appreciated. This checklist is for our convenience. Please feel free to modify any item to describe the applicant accurately. If you prefer, you may write a letter describing the applicant's academic and personal qualities.

1. Academic position in class
 Upper third Middle third Lower third
2. Ability to learn
 Superior Above average Average Below average Poor
3. Scholarship
 Ambitious and industrious Indifferent to scholastic achievement
 Needs guidance in school work Needs to be challenged
4. Leadership
 Qualities of constructive leadership No leadership ability
 Not a leader, but cooperates well
 Uses leadership ability for wrong purposes
5. Initiative
 Works independently Needs occasional prodding
 Does additional work suggested Needs constant prodding
 Prepares assignments
6. Integrity
 Always honest Usually reliable Unreliable Dishonest
7. Social Development
 Well-balanced emotionally respects authority
 Works well with others Has cultural interests
 Sought by others Tolerated by others Loyal to school
 Sacrifices personal plans for welfare of group
 Unnoticed by others Is selfish
8. Home background
 Has normal home Has an unusual home situation (Explain)
9. Health
 Average Has some physical or mental handicap (if so, specify)
10. Do you recommend this student? Yes No Remarks:
11. Are your answers to the above questions based on
 Personal acquaintance Records and reports only
 Counseling contacts Committee evaluation
 Superficial observation Teacher evaluation
12. If there is any information which has not been asked for, but which would be helpful to the teachers, will you please use backside.

I understand that this is a confidential document, to be so respected.

Signature: _____ Title: _____ Date: _____

Please return this form to: Our Lady of the Holy Souls School
1001 N Tyler
Little Rock, AR 72205

Stamped envelope enclosed