

# RELEASE OF RECORDS FORM

My daughter, \_\_\_\_\_, attends \_\_\_\_\_ School. I authorize this school to send or fax a copy of her  
 (Mi hija.) (asiste a la escuela) (Yo le otorgo a esta escuela el permiso de mandar una copia de su )  
TRANSCRIPT, Standardized Test Scores, latest report card, and the RECOMMENDATION FORM (below) to Bishop Conaty-Our Lady of Loretto High.  
 Parent/Guardian/Padre o Guardian \_\_\_\_\_ (signature / firma )

## CONFIDENTIAL SCHOOL RECOMMENDATION FORM

*— to be completed by the school principal, a teacher, and/or a counselor*

(This form will be used by the Admissions Committee and will not become part of the permanent record of the prospective student. This form will not be open to general review and will be destroyed when the admissions process is completed.)

STUDENT'S NAME \_\_\_\_\_ APPLYING FOR GRADE \_\_\_\_\_ DATE \_\_\_\_\_

*In relation to other students in the applicant's age group, please check the appropriate box for each item below.*

STUDENT RATING	excellent	good	average	poor
MOTIVATION (committed to learning, attentive to goals, inclined to complete tasks)				
SENSE OF RESPONSIBILITY (concerned with the welfare and rights of others, respects property)				
PERSONAL RELATIONSHIPS (works well with others; liked by others, participates in group activities)				
INITIATIVE/LEADERSHIP (often called upon to direct activities; works for constructive improvement)				
COOPERATION				
WORK AND STUDY HABITS				
GENERAL CONDUCT				
ATTENDANCE				

**COMMENTS/EXPLANATIONS** *(Please use the back for additional information.)*

- Has she EXTRAORDINARY HEALTH PROBLEMS? \_\_\_\_\_
- Does she NEED AN ESL PROGRAM? \_\_\_\_\_
- Has she ANY LEARNING DISABILITY? \_\_\_\_\_
- Has she been SUBJECT TO EXTRAORDINARY DISCIPLINARY PROCEDURES (suspension, expulsion, ...) No \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
- In what areas is IMPROVEMENT NEEDED? \_\_\_\_\_
- Is there ADDITIONAL INFORMATION WHICH MIGHT INFLUENCE A DECISION ABOUT ACCEPTING THIS STUDENT? \_\_\_\_\_

**RECOMMENDATION**

**Check one recommendation in each column.**

- |   | ACADEMICALLY | AS A PERSON |
|---|--------------|-------------|
| A. I strongly recommend this student.   | ___          | ___         |
| B. I recommend this student.  | ___          | ___         |
| C. I recommend this student with reservations.<br>Please state your reservations. | ___          | ___         |
| D. I do not recommend this student.<br>Please state your reasons.                 | ___          | ___         |

Person(s) completing this report \_\_\_\_\_ Position \_\_\_\_\_  
 School \_\_\_\_\_ Phone \_\_\_\_\_

Principal (or Counselor) Signature \_\_\_\_\_ and optional  
 Comments:

Please return this form to: **ADMISSIONS OFFICE**  
**BISHOP CONATY-OUR LADY OF LORETTO HIGH SCHOOL**  
 2900 W. Pico Blvd., Los Angeles, CA 90006-3802  
 Phone: 323-737-0012 Fax: 323-737-1749