

St. Michael School  
80 Maple Avenue  
North Andover, MA 01845  
(978) 686-1862

Dear parent;

Please complete the attached records request form and forward to your child's current school. If you have any questions, please do not hesitate to call.

Thank you,

Susan Rogge  
Admissions

St. Michael School

80 Maple Avenue  
North Andover, MA 01845  
(978) 686-1862

Date \_\_\_\_\_

Present School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Regarding \_\_\_\_\_

The above student is transferring enrollment to St. Michael School. Please forward a copy of all school records.

1. Academic Record - all grades
2. Achievement Test Scores
3. Psychological Reports
4. Individualized Education Plan
5. School Medical Records including Immunization Record
6. Any other pertinent information which may be helpful in determining his/her program

We appreciate your attention to this matter.

  
Principal

I hereby give permission for the release of my child's records to St. Michael School, 80 Maple Avenue, North Andover, MA 01845

\_\_\_\_\_  
Signature of parent/guardian

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Classroom Teacher Recommendation

Name of Student: \_\_\_\_\_

To the student: Please print or type your name on the line above and give to your classroom teacher. Your teacher should return this form directly to St. Michael School.

To the teacher: The above named-student is applying to St. Michael School. We would greatly appreciate your thoughtful comments to the questions below as they pertain to the student. This form will be used for the admission purposes and, upon acceptance, to determine placement with our school. All information will be kept confidential. Please return this form to St. Michael School Admission Office at the above address.

0 = Unacceptable    1 = Below Average    2 = Average    3 = Good    4 = Superior

Please rate the student in the following areas:

A. Attention during class	0	1	2	3	4
B. Motivation and effort	0	1	2	3	4
C. Class participation	0	1	2	3	4
D. Completion of homework	0	1	2	3	4
E. Intellectual curiosity	0	1	2	3	4

Please rate the student's character using the above guidelines

A. Work ethic	0	1	2	3	4
B. Honesty & integrity	0	1	2	3	4
C. Maturity	0	1	2	3	4
D. Responsibility for actions	0	1	2	3	4
E. Consideration/concern for others	0	1	2	3	4
F. Leadership ability	0	1	2	3	4
G. Reaction to suggestions/advice	0	1	2	3	4
H. Reaction to criticism	0	1	2	3	4

Please check the student's approximate grade level achievement in:

needs of your son/daughter we request that you answer the following questions and when necessary provide the appropriate information.

Is your child on a 504 plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide a copy of the plan.

Is your child on an IEP plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide a copy of the plan.

I certify the above information is correct to the best of my knowledge.

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Parent Signature

I understand that the failure to provide information regarding my child's 504 or IEP plan will impact upon my child's provisional acceptance at St. Michael School.

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Parent Signature

Is your child coming from another Catholic School?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please note: All financial obligations must be met at your prior school before admission into St. Michael School.

I certify the above information is correct to the best of my knowledge.

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Parent Signature