



ST. IGNATIUS MARTYR

CATHOLIC SCHOOL

CONGREGATION OF HOLY CROSS

Teacher Reference Form

Instructions to the Parent/Guardian: Please sign and give to your child's current teacher. The teacher should return the questionnaire directly to St. Ignatius Martyr Catholic School.

Applicant's Name: _____ **Current Grade:** _____

My son/daughter is applying for admission to St. Ignatius Martyr Catholic School. Please complete this form and return it directly to St. Ignatius Catholic School. I hereby authorize conversations and record sharing between the two schools. I agree to hold the school identified below and its Administrator harmless for information provided in this questionnaire.

Parent/Guardian Signature: _____ **Date:** _____

School Name: _____ **Teacher Name:** _____

Your candid evaluation of the student will be important to a good admissions decision for this student. Please use the back of this form for any additional comments. All information provided will be held in strict confidence pursuant to Diocesan School Policy 320 and will be disclosed only to members of the St. Ignatius Martyr Catholic School Administration and admissions personnel.

Criterion	Exceptional	Above Average	Average	Below Average	Poor
Overall Academic Ability					
Emotional Maturity					
Peer Relations					
Responsibility					
Behavior					
Attendance					
Parental Support					

Comments: _____

Signature: _____ **Date:** _____

THIS FORM SHOULD BE COMPLETED BY THE TEACHER AND RETURNED DIRECTLY TO:

Admissions Office
St. Ignatius Martyr Catholic School
120 West Oltorf Street, Austin, TX 78704