

HOLY CROSS CATHOLIC SECONDARY SCHOOL

SCHOOL HISTORY - To be completed by the Vice-Principal of the present school

Name of Vice-Principal: _____ Signature: _____

Name of Present School: _____ Phone: _____

Student attended this school from: _____ until: _____

Attendance: Excellent Acceptable Unacceptable

Achievement: Excellent Acceptable Unacceptable

Behaviour: Excellent Acceptable Unacceptable

Reason for leaving school: _____

Has this student had any suspensions during the past school year? Yes No

If yes, please state the reason(s): _____

Has this student ever been expelled? Yes No

If yes, please state the reason(s): _____

Literacy Test Results: Passed: READING Yes No N/A

 Passed: WRITING Yes No N/A

Identified: Yes No Exceptionality _____

Date of Last IPRC: _____ Decision: Continue/Discontinue Identification

ISA Claim (if applicable) 1 2 3 Details/Equipment to Transfer: _____

ESL student: NO YES First Language Spoken: _____

General Comments: _____

AUTHORIZATION

By signing below, I _____, authorize Holy Cross Catholic Secondary School to contact any previous Principal or Designate.

Student Signature: _____ Date: _____

I have read and agree with the information on this form:

Parent/Guardian Signature: _____ Date: _____