

# TRANSFER STUDENT RECOMMENDATION

## GRADES 7-12



Our Lady of the Elms is a Catholic, Dominican, all-girls, college preparatory school. Students are welcomed without regard to race, religion, color, and national or ethnic origin.

### INSTRUCTIONS:

- Submit this form to one teacher/counselor from your current school.
- Please return this form to:

Our Lady of the Elms Admissions  
1375 West Exchange Street  
Akron, Ohio 44313  
Phone: 330-867-0918  
Fax: 330-864-6488

### The following section is to be completed by the student:

When would the applicant begin school at Our Lady of the Elms?

Spring 2009 \_\_\_\_ Fall 2009 \_\_\_\_ Other \_\_\_\_

Middle School (please check grade):

7 \_\_\_\_ 8 \_\_\_\_

High School (please check grade):

9 \_\_\_\_ 10 \_\_\_\_ 11 \_\_\_\_ 12 \_\_\_\_

Student's Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State ZIP+4

Home telephone: (\_\_\_\_) \_\_\_\_\_ Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_

### The following section is to be completed by the teacher/counselor:

Teacher's Name: \_\_\_\_\_  
First Middle Last

Current School: \_\_\_\_\_

\_\_\_\_\_ City State ZIP+4

Telephone: (\_\_\_\_) \_\_\_\_\_ Current Position: \_\_\_\_\_

How long have you known the applicant?: \_\_\_\_\_ In what capacity: \_\_\_\_\_

(Please complete recommendation on reverse)

**The following section is to be completed by the teacher/counselor:**

What contributions has this student made to your class?:

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What leadership skills or other skills does she possess?:

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Is this transfer in the best interest of the student at this time? Why or Why not?

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Are you aware of any educational accommodations being made for this student at this time? If so please explain.

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Are you aware of any disciplinary issues with this student? If so please explain.

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Is there any other information which would help us make our decision?

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**Print name**

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Date

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**Signature**

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Date