



# School Recommendation Form 2024-2025

Name of Applicant \_\_\_\_\_

Current Grade \_\_\_\_\_

**Attention Parents:** Please provide your child's current teacher, guidance counselor or principal with this form and a stamped envelope addressed to:

St. Rocco School  
Admissions Office  
931 Atwood Avenue  
Johnston, RI 02919

Your child's application cannot be processed without this recommendation form.  
We cannot accept hand-delivered recommendations.  
Thank you.

**Attention Principal, Guidance Counselor or Teacher:** Please complete the enclosed form, attach any additional pertinent information, and mail to the above address. You may call our school office if you have concerns or questions.

1. Is this student functioning at or above grade level? \_\_\_\_\_

If not, please describe the nature and extent of the student's weaknesses:

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2. Are you aware of any behavioral problems that may impact this applicant in his/her performance at St. Rocco School?

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3. Has this applicant had problems with discipline or following instructions from persons in authority? Please explain if necessary.

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4. Does this applicant require continual one-on-one assistance or supplemental services in order to function at grade level? Please explain if necessary.

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5. Does the student currently have an Individualized Education Plan (IEP), Service Plan or Accommodation Plan?

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6. Is there anything else we should be aware of when considering this applicant for admission?

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7. Would you recommend this student for St. Rocco School?

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8. If the applicant currently attends another Catholic or Private School, are financial obligations to your school up to date?

\_\_\_\_NA                      \_\_\_\_YES                      \_\_\_\_NO

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Thank you very much for assisting us with the application of this prospective student!*

**CHRIST** is the reason for this school.  
*~in our minds, on our lips, and always in our hearts~*