

# AUTHORIZATION

By signing below, I \_\_\_\_\_, authorize Holy Trinity Catholic Secondary School to contact any previous Principal or Designate regarding \_\_\_\_\_  
*(Please print student's name)*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL HISTORY** - To be completed by the **VICE-PRINCIPAL** of the present school.  
- To be **FAXED ONLY** to Holy Trinity Catholic Secondary School  
**Fax: (905)404-9372.**

Name of Vice-Principal: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Please print)*

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): \_\_\_\_\_

Identified:                       Yes     No                      Exceptionality: \_\_\_\_\_

General Comments: \_\_\_\_\_