

ST. PATRICK CATHOLIC HIGH SCHOOL

Admission Recommendation Form

Section I - To be completed by the parent/guardian of applicant.

Student's Name

Parent/Guardian Name

Current School

No. of Years Attended

Please forward this recommendation form to the principal or counselor in your child's current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement included below.

I hereby authorize my child's school to prepare and submit the written recommendation required by St. Patrick Catholic High School as part of the admission process. I understand that this written evaluation is confidential and may not be reviewed by the applicant or applicant's parent/guardian. This evaluation will be used only in the admission process and will not become part of the student's permanent record if the student is accepted.

Parent/Guardian Signature

Date

Section II - To be completed by the principal/counselor of applicant's current school.

Principal/Counselor Name

Relationship to Student

The above-named student has applied for admission at St. Patrick Catholic High School. It is important in the admission process that you provide an objective, honest assessment of this student's talents and capabilities. All recommendations are held in strictest confidence and weigh considerably in the decision-making process. We appreciate the time you are devoting to this consideration.

- Does the student have any significant attendance problems? Yes No
- Has the student ever been expelled from school or placed in OSS or ISS? Yes No
- Have any modifications or accommodations been made in this student's academic program? Yes No

If you answered yes to any of the questions above, please explain in the space below.

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Please compare the applicant to his or her entire class by placing a check in the appropriate column below.

	Excellent	Above Average	Average	Below Average	Not Observed
Ability to work independently					
Academic potential					
Academic performance					
Conduct/citizenship					
Cooperation with teachers/adults					
Honesty					
Leadership					
Motivation					
Participation					
Relationship with classmates					
Study habits					

In your professional opinion, would you recommend this applicant for a demanding college preparatory curriculum?

- Yes, with enthusiasm
 Yes
 Yes, with reservations
 No

Please share with us your overall impression of this individual and the impact he or she has had on your school.

Would you like us to call you to discuss further? Yes No

Principal/Counselor Signature

Date

Upon completion, please return this form by mail, fax, or email. Please include a copy of the student's transcript or most recent report card and complete discipline record. This recommendation will remain confidential and will not become part of the student's permanent record. Our mailing address is 18300 St. Patrick Road, Biloxi, MS 39532; our fax number is 228-702-0511; and our email address is mbuckley@stpatrickhighschool.net.