



SCHOOL COUNSELOR/PRINCIPAL RECOMMENDATION FORM

Name of Applicant _____ Applicant for Grade _____

School Counselor/Principal:

The parents have signed the waiver of confidentiality regarding this recommendation form.

Please complete this confidential form and return it to the **Admissions Office** at **St. John Paul II Catholic High School**.

We appreciate your cooperation in completing this form. Your insights help us to better understand a student's ability to be successful at our school. This form should allow us to effectively evaluate a student's past academic achievement, work ethic, and conduct as documented on his/her report card. Your evaluation of this student is confidential and will not be discussed with the student or his/her family.

Compared to other students of the same grade level, please rate the applicant regarding the following characteristics: (check appropriate box)

Ratings	Extraordinary	Excellent	Above Average	Average	Below Average
Maturity level					
Respect for authority					
Interaction with peers					
Works cooperatively					
Self-discipline					
Integrity					
Conduct					

- | | | |
|--|-----|----|
| Has the student presented any discipline problems? | Yes | No |
| Has the student been suspended? (last 3 years) | Yes | No |
| Has the student been on academic probation or similar action? | Yes | No |
| Are you aware of any learning disabilities? | Yes | No |
| Are you aware of any special teaching or testing accommodations/modifications? | Yes | No |

If yes on any of the above, please explain: _____

- | | | | |
|--|----------------------|-------------------------------|-----------------|
| If applicable, does this family pay tuition/fees in a timely manner? | Yes | No | |
| This applicant is:
(check one) | Strongly Recommended | Recommended with reservations | Not Recommended |

Use the next page to make additional comments, if necessary.

Thank you for the accuracy of the information you have provided. In the course of some interviews, it may be necessary for us to refer to disciplinary issues indicated. We will protect the anonymity of the teacher, counselor, or administrator.

Administrator's Printed Name and Title: _____ Date: _____

Signature: _____ School Telephone: _____

School Name and Address: _____

Return completed form to: admissions@jp2falcons.org



St. John Paul II Catholic High School
7301 Old Madison Pike NW, Huntsville, AL 35806
(256) 430-1760 | www.jp2falcons.org

Name of Applicant

Applicant for Grade

Additional School Counselor/Principal Comments: