



ST. PAUL CATHOLIC HIGH SCHOOL

English Recommendation

To The Student: Please print your name in the space below and give this form to your present English teacher along with a stamped envelope addressed to:

OFFICE OF ADMISSIONS
ST. PAUL CATHOLIC HIGH SCHOOL
1001 STAFFORD AVENUE
BRISTOL, CT 06010
(860) 584-0911 Ext. 34

STUDENT NAME: _____

SCHOOL: _____ PRESENT GRADE: _____

To The Teacher: The above student has applied for admission to St. Paul Catholic High School. Please offer a candid evaluation of this student for the Admission Committee.

Please describe the applicant's intellectual potential and personal characteristics: _____

ASSESSMENT OF STUDENT: ✓

	Outstanding	Above Average	Average	Below Average	Poor
Leadership					
Responsibility					
Motivation					
Class Participation					

OVERALL RECOMMENDATION: ✓

Highly Recommended _____ Recommended _____ With Reservations* _____

Not Recommended* _____ School Policy Prohibits Recommendation _____

*Please add any additional comments below or you may attach a separate sheet:

Name: _____

Signature: _____ Date: _____