



# 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: \_\_\_\_\_

\_\_\_\_\_

Please describe the applicant's personal characteristics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ASSESSMENT OF STUDENT: $\checkmark$

	Outstanding	Above Average	Average	Below Average	Poor
<b>Leadership</b>					
<b>Responsibility</b>					
<b>Motivation</b>					
<b>Class Participation</b>					

### OVERALL RECOMMENDATION: $\checkmark$

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:** \_\_\_\_\_