



ST. PAUL CATHOLIC HIGH SCHOOL

Mathematics Recommendation

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

OFFICE OF ADMISSIONS
ST. PAUL CATHOLIC HIGH SCHOOL
1001 STAFFORD AVE.
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
Leadership					
Responsibility					
Motivation					
Class Participation					

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: _____