

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:
ST. PAUL CATHOLIC HIGH SCHOOL
c/o ADMISSIONS OFFICE
1001 STAFFORD AVE. BRISTOL, CT 06010

STUDENT NAME: _____

SCHOOL: _____ GRADE LEVEL: _____

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* _____

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

Name: _____

Signature: _____ **Date:** _____