

**ST. JOHN THE BAPTIST SCHOOL  
TEACHER OR PRINCIPAL RECOMMENDATION**

To the Applicant: Please print your name and give this form to your current teacher or principal with stamped envelope.

APPLICANT NAME: \_\_\_\_\_ APPLYING TO GRADE: \_\_\_\_\_

To the Parent or Guardian: Please read and sign the statement below:  
For the student named above, I authorize the release of school records, including an official transcript of all grades for the past year as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher and or principal recommendations and the school report.

SIGNATURE OF APPLICANT'S PARENT OR GUARDIAN: \_\_\_\_\_  
DATE: \_\_\_\_\_

To the School: The above named applicant has applied for enrollment at **ST. JOHN THE BAPTIST SCHOOL**. Please complete the form below. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation and candor.

PLEASE RATE THE FOLLOWING QUALITIES ACCORDINGLY:  
5 = EXCELLENT, 4 = GOOD, 3 = AVERAGE, 2 = FAIR, 1 = NEEDS IMPROVEMENT

	Academic Qualities
Study Habits	_____
Attention Span	_____
Ability to Work Independently	_____
Motivation	_____
	Personal Qualities
Academic Commitment	_____
Reaction to Criticism	_____
Reaction to Setbacks	_____
Self-Confidence	_____
Concern for Others	_____
Personal Conduct	_____
General Level of Maturity	_____

General Comments about the applicant's strengths and areas for growth:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_