

ACADEMIC/CHARACTER REFERENCE

TO THE PARENT/GUARDIAN: As part of the admission process at St. Francis Xavier School, we require a candid assessment of your child. Please fill in the top portion of this form and give the form as well as a stamped envelope to an administrator or teacher at your current school who knows your child well. He/She will appreciate being given plenty of time to complete this form. Ask that they mail it directory to St. Francis Xavier School, 3601 Scott Road, Burbank, CA 91504.

NAME OF APPLICANT: _____
First Middle Last

CANDIDATE FOR GRADE: _____

SCHOOL: _____
Official Name Street Address/City/State/Zip Code

PARENT/GUARDIAN SIGNATURE: _____

TO THE PRINCIPAL OR TEACHER: Thank you very much for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic credentials. Please return this form – a long with the applicant's most recent report card – to St. Francis Xavier School. Attention: Dr. Paul Sullivan, Principal, as soon as possible.

ACADEMIC ASSESSMENT	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Motivation				
Creative Qualities				
Self-Discipline				
Growth Potential				
Achievement				
Ability in Relation to Achievement				
Attendance at School				

CHARACTER ASSESSMENT	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Leadership				
Self-Confidence				
Warmth of Personality				
Sense of Humor				
Concern for Others				
Emotional Maturity				
Personal Initiative				
Reaction to Setbacks				
Respect Accorded by Faculty				
Ability to work with Others				
General Conduct				

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Please list extraordinary health problems: _____

Please list any learning challenges which could affect the applicant's performance: _____

Have you any reason to doubt the applicant's integrity? (for students entering grades 1-8) _____
If yes, please explain: _____

Has the applicant's home environment been a positive force in his/her development? Please explain: _____

If this student were to reapply to your school, would you grant acceptance? _____

Please check two of the following, if applicable:

- _____ Parent/Guardians meet financial obligations.
- _____ Parents/Guardians have difficulty meeting financial obligations.
- _____ Parents/Guardians fail to meet financial obligations.
- _____ Parents/Guardians support school sponsored activities.
- _____ Parents/Guardians do not support school sponsored activities.

Form completed by: _____
Name (Please print) Title

Signature: _____

Phone number where you may be reached during the day: _____ () _____