



Our Mother of Good Counsel School

A Community of Faith and Excellence

ACADEMIC/CHARACTER REFERENCE

TO THE PARENT: As part of the admissions process at OMGC School, we ask for a candid assessment of the applicant. Please fill in the following information and give this form to your current school office to be given to the principal and/or student's teacher, as appropriate. The school will appreciate being given plenty of time to complete this form as well as a stamped envelope in which to mail this form directly to OMGC School.

NAME OF APPLICANT

FIRST

MIDDLE

LAST

Candidate for grade: _____ in August 2021

Today's date: _____

School Address: OMGC School 4622 Ambrose Avenue Los Angeles, CA 90027

TO THE SCHOOL: THANK YOU VERY MUCH FOR YOUR ASSISTANCE. Your remarks will be held in the strictest of confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic records. Please return this form to the attention of *Admissions* as soon as possible.

Academic Assessment	Outstanding	Good	Satisfactory	Needs Improvement
Motivation				
Critical Thinking				
Self-discipline				
Growth potential				
Achievement				
Ability				
Attendance				

Character Assessment	Outstanding	Good	Satisfactory	Needs Improvement
Leadership				
Self-confidence				
Sense of humor				
Concern for others				
Personal initiative				
Reaction to setbacks				
Relationship with peers				
Relationship with authority figures				
Ability to work alone				
Ability to work with others				

Please note any additional applicable information here or attach a separate letter, as needed.

Please check applicable:

- Parents/Guardians meet financial obligations.
- Parents/Guardians need financial assistance.
- Parents/Guardians do not meet financial obligations.
- Parents/Guardians currently have an outstanding balance due.

- Parents/Guardians support school-sponsored activities.
- Parents/Guardians do not support school-sponsored activities.

- Parents/Guardians support school policies.
- Parents/Guardians do not support school policies.

Form completed by:

NAME (PLEASE PRINT)

TITLE

SCHOOL NAME

CONTACT TELEPHONE #

SIGNATURE