

# CONFIDENTIAL RECOMMENDATION & TRANSCRIPT REQUEST FORM

## CATHOLIC HIGH SCHOOLS OF THE SAN JOSE DIOCESE

ARCHBISHOP MITTY HIGH SCHOOL  
5000 Mitty Ave  
San Jose, CA 95129  
(408) 252-6610

BELLARMINE COLLEGE PREP  
960 W. Hedding St  
San Jose, CA 95126  
(408) 294-9224

NOTRE DAME HIGH SCHOOL  
596 S. Second St  
San Jose, CA 95112  
(408) 294-1113

PRESENTATION HIGH SCHOOL  
2281 Plummer Ave  
San Jose, CA 95125  
(408) 264-1664

SAINT FRANCIS HIGH SCHOOL  
1885 Miramonte Ave  
Mountain View, CA 94040  
(650) 968-1213

SAINT LAWRENCE ACADEMY  
2000 Lawrence Ct  
Santa Clara, CA 95051  
(408) 296-6391

**TO THE PARENT:** Please fill in this portion of the form. Parent/Guardian must sign the Parent Authorization for Release of Student Records. Check all schools to which you are applying, and give this form to your principal, teacher or counselor. This information is confidential and used only by the admissions office to which you are applying.

**PARENT AUTHORIZATION FOR RELEASE OF RECORDS AND RECOMMENDATIONS:** The undersigned parent or legal guardian hereby authorizes and consents to the release of any and all education records, recommendations, and any other such information as may be requested from any educational institution to the Director(s) of Admissions at the Catholic High School(s) checked at the top of this form.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

PARENT/GUARDIAN \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
LAST NAME FIRST NAME M.I.

PRESENT SCHOOL \_\_\_\_\_ SCHOOL PHONE ( ) \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**TO PRINCIPAL, TEACHER OR COUNSELOR:** The above-named student is an applicant for admission into the ninth grade. We are requesting 7<sup>th</sup> and 8<sup>th</sup> grade marks, standardized testing results and a recommendation be sent to the schools that the student designates above. You may complete this form online by visiting the schools website for the link.

- This information is of primary importance in evaluating the candidate for admission to the school.
- This information will remain confidential.
- Please return this form to the high school(s) after first semester/trimester grades have been entered.
- Do not give this form to the applicant.

GRADE 7			
COURSE	TRI 1	TRI 2	TRI 3
RELIGION			
READING			
ENGLISH			
MATH*			
SOCIAL STUDIES			
SCIENCE			
FOREIGN LANGUAGE**			
CONDUCT			
EFFORT			

\* Indicate level of math \*\* Indicate level of language

GRADE 8			
COURSE	TRI 1	TRI 2	TRI 3
RELIGION			
READING			
ENGLISH			
MATH*			
SOCIAL STUDIES			
SCIENCE			
FOREIGN LANGUAGE**			
CONDUCT			
EFFORT			

\* Indicate level of math \*\* Indicate level of language

APPLICANT NAME \_\_\_\_\_

Number of years student has attended your school: \_\_\_\_\_

Relative to your current 8<sup>th</sup> grade class, please rate this student in terms of the following:

ACADEMIC QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks Help When Necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates Actively in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses Ideas Effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This student is capable of succeeding in a college preparatory curriculum.  YES  MAY STRUGGLE  NO

PERSONAL QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Personal Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in School Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Handle Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	N/A
Support for School Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets Financial Obligations (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL RECOMMENDATION

PERSONALLY

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant
- Please call regarding applicant

ACADEMICALLY

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant
- Please call regarding this applicant

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

***This report will not be disclosed to the applicant.  
It will be available only to those involved in the admission decision process.***

APPLICANT NAME \_\_\_\_\_

**Please comment on the student's academic achievement as compared to ability.**

1. Should the Admissions Committee be aware of any factors that have had an impact on this student's academic or social progress to date?

2. Has this student ever been placed in any special school programs (e.g. Gifted Student; Accelerated Classes; ESL; Tutorial or Resource/Learning Specialist, etc.) or received any special learning accommodations (e.g. extended time, untimed or oral testing, enlarged print, books on tape, adjusted assignments, etc.)?

APPLICANT NAME \_\_\_\_\_

3. Please comment on this student's disciplinary and attendance record at your school.

4. Additional comments that would help the admissions committee evaluate this applicant.

APPLICANT NAME \_\_\_\_\_

**PRINCIPAL, COUNSELOR or TEACHER:**

Please check if this form represents multiple recommendations.

*All Evaluators must sign below.*

\_\_\_\_\_  
SIGNATURE TITLE

\_\_\_\_\_  
SIGNATURE TITLE

\_\_\_\_\_  
DATE PHONE

**A signed copy of this form must be submitted to the admissions offices of each school checked on page 1.**

**Please include the grades for the first semester/trimester.**

**Deadline Date: February 5, 2010**

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