



ACADEMIC / CHARACTER REFERENCE

TO THE PARENT: As part of the admissions process at Holy Angels School we must receive a candid assessment of the applicant. The student's application will not be processed without this completed form. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as a stamped envelope in which to mail it directly to Holy Angels School. Failure to complete file by **February 16th, 2016** will result in your child losing admission preference.

NAME OF APPLICANT

_____ FIRST _____ MIDDLE _____ LAST

Candidate for Grade: _____ in September, 2018

SCHOOL: Holy Angels School, 360 Campus Drive, Arcadia, CA 91007

TO THE TEACHER: 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 credentials. Please return this form to the attention of Admissions at Holy Angels School as soon as possible, but no later than February 17th, 2017.

ACADEMIC ASSESSMENT

	Excellent	Good	Average	Below Average
Motivation				
Creative qualities				
Self-discipline				
Growth potential				
Achievement				
Ability in relation to achievement				
Attendance in school				

CHARACTER ASSESSMENT

	Excellent	Good	Average	Below Average
Leadership				
Self-confidence				
Personality				
Sense of humor				
Concern for others				
Emotional maturity				
Personal initiative				
Reaction to setbacks				
Respectful attitude to faculty				
Ability to work with others				
General Conduct				

Please list extraordinary health problems: _____



Please list any disabilities, which could affect the applicant's performance: _____

Have you any reason to doubt the applicant's integrity? _____

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 applicable: (please refer to the appropriate party for the following information)

- Parents/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

SCHOOL NAME

CONTACT PHONE #

SIGNATURE

TELEPHONE NUMBER (WHERE YOU MAY BE REACHED DURING THE DAY)