



## PRINCIPAL/COUNSELOR RECOMMENDATION FORM

Name of Applicant \_\_\_\_\_ Applicant for Grade \_\_\_\_\_

**Parent or Guardian: Please write your child's name in the space above and sign the following before giving this form to your child's teacher.**

I understand and agree that the information contained on this Principal/Counselor Recommendation Form is confidential and will be used only in the selection of applicants. I also agree that this completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to review it.

\_\_\_\_\_  
 Signature of Applicant's Parent/Guardian

\_\_\_\_\_  
 Date

**SCHOOL ADMINISTRATOR:** We appreciate your cooperation in completing this form. Your insights help us to better understand a student's ability to be successful at our school. This form should allow us to effectively evaluate a student's past academic achievement, work ethic, and conduct as documented on his/her report card. Your evaluation of this student is considered confidential and will not be discussed with the student or his/her family.

Compared to other students of the same grade level, please rate the applicant regarding the following characteristics: *(check appropriate box)*

	Extraordinary	Excellent	Above Average	Average	Below Average
Maturity level					
Respect for authority					
Interaction with peers					
Self-discipline					
Integrity					
Conduct					

- Is the applicant habitually tardy or absent  Yes  No
- Has the student presented any discipline problems?  Yes  No
- Has the student been suspended? (last 3 years)  Yes  No
- Has the student been on academic probation or similar action?  Yes  No
- Are you aware of any learning disabilities?  Yes  No

If yes on any of the above, please explain: \_\_\_\_\_

- If applicable, does this family pay tuition/fees in a timely manner?  Yes  No
- Parent(s) participate in school activities:  Yes  No
- Parent(s) support school policies and procedures:  Yes  No

This applicant is:  Strongly Recommended  Recommended  Recommended with reservations  Not Recommended  
*(check one)*

Signature of Principal/Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

**Please mail or email this form to:** ADMISSIONS OFFICE  
 John Carroll Catholic High School  
 300 Lakeshore Pkwy  
 Birmingham, AL 35209  
[admissions@jcchs.org](mailto:admissions@jcchs.org)