



**SCHOOL RECOMMENDATION FORM
For Admission to Grades One through Eight**

*Form must be completed by a current language arts or math teacher
and returned directly to SJRCS Admissions office.*

Name of Applicant _____ Grade for which applying _____

This child is seeking admission to St. John Regional Catholic School in Frederick, Maryland. We would appreciate your observations about the areas listed below. Your candid estimate of the applicant will be of invaluable assistance to our Admissions Director, is confidential, and will not be released to anyone.

If you wish to discuss the student personally rather than complete this form, please check here , sign the form at the bottom, and note your telephone number. Our guidance counselor will contact you.

	1	2	3	4	Your Rating
ACADEMIC ABILITY	Poor Academic Risk/Marginal Ability	Capable of Satisfactory Work	Fine Student	Superior	
INDEPENDENT WORK & STUDY HABITS	Weak/Unsatisfactory	Average	Well Above Average	Excellent	
CONDUCT & INTEGRITY	Weak or Questionable	Good or Acceptable	Generally Excellent	Outstanding in Every Respect	
ATTENTIVENESS TO TASK	Rarely/Never	Usually	Almost Always	Always	
MOTIVATION	Weak/Poor	Average	Well Above Average	Excellent	
ATTITUDE & COOPERATION	Less than Satisfactory	Satisfactory	Generally Excellent	Outstanding	
SOCIAL SKILLS	Circle One: Isolated Little Interaction Somewhat Aggressive Overly Aggressive	Average Skills	Cooperates with Peers	Positive Leadership	
MATURITY & STABILITY	Below Expected level	Average For age	Well Above Average	Excellent	
RECOMMENDATION AS STUDENT	Fair/Poor	Good	Excellent	Outstanding	

1. Does the candidate have any outstanding abilities or deficiencies not covered by the above categories?

yes no

Explanation: _____

2. Does the candidate have any significant limitations that affect school performance?

yes no

Explanation: _____

3. Has the student ever been referred to a school office for disciplinary action?

yes no

Explanation: _____

I recommend this student for admission:

Academic Achievement: Enthusiastically Confidently
 With reservation Do not recommend

Character & Personal Qualities: Enthusiastically Confidently
 With reservation Do not recommend

Signature: _____ Title: _____

Printed Name (Mr., Mrs., Ms., Miss, Dr.) _____

In what capacity do you know this student? _____

School _____

Area Code & Phone Number _____

School Address _____

City _____ State _____ Zip Code _____

The person completing this form should mail or fax it directly to Director of Admissions,

St. John Regional Catholic School
8414 Opossumtown Pike
Frederick, MD 21702
301 662-6722 / fax 301 695-7505
www.sjracs.org