

# Confidential Principal Recommendation Form

**Parents:** Please provide the information in this box. Please have your child's current Principal complete the remainder of the form.

Name of Applicant: \_\_\_\_\_

Applying to Grade: \_\_\_\_\_

My son/daughter is applying for admission to St. Matthew Catholic School. Please complete this form and forward it directly to the Admissions office at St. Matthew Catholic School.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

**Name of School:** \_\_\_\_\_

**Principal Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**To the Principal or Head of School:** The student named above is applying to St. Matthew Catholic School. A full report from the applicant's present school is necessary if he or she is to be given consideration for admission. The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships within the school community. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information that you furnish will be kept confidential and will not be retained as a part of the student's permanent record. On behalf of this student, we thank you for your cooperation.

What grades did the student complete at your school?

PreK  Kinder  First  Second  Third  Fourth  Fifth  Sixth  Seventh  Eighth

Please evaluate the student in the following areas by placing a check in the appropriate column.

	Excellent	Good	Average	Below Average	Comments
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Positive Attitude toward school	<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"/>	_____
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sensitivity to others' feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has the student been regular in attendance?  Yes  No

Is there a problem with tardiness? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Is the student's grade record a true index of ability or have outside circumstances interfered with academic achievement? (For example: illness, excessive involvement in extracurricular activities, difficult home situation, etc.) If not a true index, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This student has been sent to your office for disciplinary problems:  Often  Seldom  Never

This student has been suspended \_\_\_\_\_ times.

Has the student been expelled and therefore not eligible to return next year?  Yes  No

To your knowledge, is the parents' perception of their child compatible with the school's?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

Have you experienced a positive relationship with the parents?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend this student to St. Matthew Catholic School?  Yes  No  With Reservation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If we have additional questions, may we call you?  Yes  No Phone: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

On behalf of this student and St. Matthew Catholic School thank you for your time and the helpful information you have provided.

Once complete, please return this form by either faxing or mailing to the following:

Fax: (210) 696-7624

Mail:

St. Matthew Catholic School  
Attn: Admissions  
10703 Wurzbach Rd.  
San Antonio, TX 78230