



NOTRE DAME HIGH SCHOOL

WEST HAVEN

In the Holy Cross Tradition

PRINCIPAL/GUIDANCE COUNSELOR RECOMMENDATION

Date _____

Instructions

Please complete this form and return to Notre Dame as soon as possible

To Student : Please give to either your Principal or Guidance Counselor along with a stamped envelope. They will complete this form and return it to Notre Dame High School.

To Parent/Guardian : I give my permission for my son's current school to release my son's records to Notre Dame High School. These records may include identifying information, date of entry and withdrawal, previous school attended, attendance information, scholastic grades, standardized test information, and special education information, if applicable. I also hereby waive my rights of access under The Family Education Rights and Privacy Act of 1974 to specific and composite letters of recommendation.

Parent/Guardian Signature

To Respondent : This student is applying for admission to Notre Dame High School of West Haven. Notre Dame is a Catholic college preparatory school for young men. The application **CANNOT** be processed without this information.

Last Name

First Name

Middle Name

Current School

School Phone Number

Address

Town/City

State

Zip

Student is applying for admission as: Freshman Sophomore Junior Senior

Personal

	No Basis for Judgment	Excellent	Good	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic

	No Basis for Judgment	Excellent	Good	Average	Below Average
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known this student? _____

In what capacity? _____

Does this student have a diagnosed Learning Disability, 504 Modification Plan, and/or Attention Deficit Disorder (with or without hyperactivity)? Yes No

If so, please explain _____

Has the applicant ever been disciplined in your school or the community for serious misconduct? Yes No

If so, please explain _____

Additional comments _____

Recommendation

I strongly recommend this applicant with enthusiasm and without reservation.

I recommend this applicant.

I have reservations about recommending this applicant.

I do not recommend this applicant.

Name Title

Signature Date Daytime Phone

Please complete and return to:

Director of Admissions
Notre Dame High School
24 Ricardo Street
West Haven, Connecticut 06516