

Ц	Deadline: Nov. 15, 2018
	Rolling Admission Application After Nov. 15, 2018
	Transfer Application Two weeks after receiving this for

	TEACHER RECOMMENDA	D	Date								
nstructions											
To Student	Please give to either your Math or English Teacher along with a stamped envelope. They will complete this form and return it to Notre Dame High School. (See deadline above.)										
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 college preparatory school for young										
	Last Name	First Name			 Middle Nam	Middle Name					
	Current School	School Phor	ne Number		_						
	Address	Town/City			State	State Zip					
	Student is applying for admission as	: Freshmar	ı □ Sophomo	ore 🗆 🛮 Junio	r □ Senior □						
Personal		No Basis for Judgment	Excellent	Good	Average	Below Average					
	Leadership										
	Responsibility										
	Motivation										
	Cooperation										
	Self-Discipline										
	Initiative										
	Honesty										
	Concern for Others										
	Maturity										
	Relationship with Peers										
	Relationship with Adults										

Academic		No Basis for Judgment	Excellent	Good	Average	Below Average				
	Motivation									
	Responsibility									
	Ability									
	Potential									
	Attendance									
	▶ How long have you known this stude	ent?								
	► In what capacity?									
	► Additional comments									
Recommendation										
	I strongly recommend this applicant with enthusiasm and without reservation.I recommend this applicant.									
	☐ I have reservations about re		this applicant.							
	☐ I do not recommend this app									
•										
	Name				Title					
	Signature			Date	Daytime Pho	ne				
	Please complete and return to:									
	Director of Enrollment Managen Notre Dame High School One Notre Dame Way	nent								
	West Haven, Connecticut 06516									