



NOTRE DAME HIGH SCHOOL

CHARACTER • COMPASSION • CONFIDENCE

- Early Action Application**
Deadline: Nov. 15
- Rolling Admission Application**
After Nov. 15
- Transfer Application**
Two weeks after receiving this form
- Senior/PG Applicant**
Two weeks after receiving this form

PRINCIPAL/GUIDANCE COUNSELOR RECOMMENDATION

Date _____

Instructions

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. (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 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 an active IEP, 504 Plan, and/or Attention Deficit Disorder (with or without hyperactivity)?
If yes, please forward all applicable paperwork including but not limited to: IEP(s), 504(s), Doctor Diagnosis, and psychoeducational paperwork. Applicants file CAN NOT be reviewed until all of the necessary educational documentation is sent to Notre Dame. 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 Enrollment Management
Notre Dame High School
One Notre Dame Way
West Haven, Connecticut 06516