

Recommendation Release

Please return to:
admissions@dpchs.org

DePaul Catholic H.S.

1512 Alps Road,
Wayne, NJ 07470
973.694.3702

www.depaulcatholic.org

To the Applicant:

- Please type or print your name in the space below and then give this form to your current Principal/Counselor.
- Attach an addressed, stamped envelope for each of the schools to which you are applying.

Name of student *please print*

Applicant to grade

Signature

Date

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

(Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to each school to which you are applying.)

Name of parent or guardian

Signature of parent or guardian

Date

To the Teacher:

This form is part of a DePaul Catholic High School application form. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please send it to the Admissions Office of DePaul Catholic High School for which the applicant has provided stamped envelopes. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary.

Thank you for your cooperation and candor.

Teacher's name *please print*

Title

School

Recommendation DePaul Catholic High School

Must be completed by Mathematics, Science or English Teacher

Name of Applicant _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Print Name

Signature

Date

Mailing address

E-mail address

()
Telephone

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