



Authorization

As the parent or legal guardian of the student named below, I authorize the school named below to release to St. John Paul II Catholic School all academic transcripts, standardized tests, cumulative health records, educational evaluations, and psychological information regarding the student.

Student Name

2023-24 Grade

Signature of Parent or Guardian

Date

Current School Name

School Address

School Phone Number

City, State, Zip

School Fax Number

JP2.ORG P 281.496.1500 1400 Parkway Plaza Drive, Houston TX 77077

***PLEASE ATTACH THIS COMPLETED FORM TO YOUR CHILD'S APPLICATION.
AND ALSO ATTACH A COPY TO ALL TEACHER RECOMMENDATIONS.***

***RECOMMENDATIONS MUST BE SUBMITTED BY EMAIL TO
ADMISSIONS@JP2.ORG OR BY US POSTAL MAIL***

FAXES ARE NOT ACCEPTED



Teacher Recommendation

Student Name: _____ Applicant for Grade: _____

PARENT OR GUARDIAN

I understand and agree that the information provided on this teacher recommendation form is confidential and will be used only in evaluating and selecting applicants. The information does not become part of the student's permanent record. I also agree that this completed form will not be available to parents or students.

Signature of Parent or Guardian Date

CURRENT TEACHER

Please complete all of this form and return it to St. John Paul II. Information that does not appear on entrance exams or school records is most helpful in enabling us to evaluate the applicant. Your input regarding the student's abilities and needs helps us determine whether our program is right for the applicant. This information is strictly confidential. It is used only in evaluating applicants and does not become part of their permanent records. Compared to other students within his/her peer group based on your direct knowledge of the applicant, please rate the student in the following:

GENERAL ACADEMIC ABILITY

- Superior High Average Average Below Average

ACADEMIC SKILLS

	Usually	Frequently	Sometimes	Seldom
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Displays task commitment				
Works cooperatively				
Displays on-task behaviors				
Expresses written ideas clearly				
Expresses verbal ideas clearly				
Is self-motivated				
Exhibits self-discipline				
Is prepared for class				

SOCIAL SKILLS

	Usually	Frequently	Sometimes	Seldom
Responds positively to constructive criticism				
Establishes friendships easily				
Works well in groups				
Uses positive interaction with faculty				
Uses positive interaction with peers				
Respects others				
Demonstrates self-control				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate behavior				
Exhibits emotional maturity				
Communicates needs effectively				
Takes pride in appearance				
Demonstrates integrity				

Circle the words that best describe this student:

- | | | | | |
|----------------|--------------|-------------|--------------------|------------------|
| Aggressive | Honest | Immature | Disobedient | Self-disciplined |
| Mature | Oppositional | Vivacious | Manipulative | Conscientious |
| Over-protected | Social | Cheerful | Self-centered | Follower |
| Shy | Confident | Irritable | Easily Discouraged | Perfectionist |
| Helpful | Witty | Responsible | Motivated | Positive Leader |
| Anxious | Articulate | Well-liked | Organized | Negative Leader |

Is the student habitually tardy or absent? Yes ___ No ___ If yes, please elaborate: _____

Has the student had any discipline problems in the past year? Yes ___ No ___ If yes, please elaborate: _____

Please comment on parental support for school policies: _____

Is there any information regarding the family that would be helpful for us to know? _____

If you have any additional information that would be helpful to the Admissions Committee in evaluating the student's application, please comment. If needed, use another sheet of paper. _____

How long have you known the student? _____

I would like to ___ be willing to ___ discuss this applicant by telephone.

Teacher's Name: _____ Subject/Grade: _____

Teacher's Signature: _____ Date: _____

Name of School: _____ Phone: _____

School Address: _____