



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

2025/2026 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 SEND THIS COMPLETED FORM TO STJPII AND SEND A COPY TO YOUR CHILD'S CURRENT SCHOOL ALONG WITH THE TEACHER RECOMMENDATION FORM.

TEACHER RECOMMENDATIONS MUST BE SUBMITTED TO STJPII FROM THE SCHOOL OR TEACHER

EMAIL TO ADMISSIONS@JP2.ORG OR BY US POSTAL MAIL



Student Name: _____ Applicant for Grade: _____

2025/2026 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

Teacher Recommendations should be filled out and submitted directly to St. John Paul II by the teacher or school personnel, not the student or parents. Please email to admissions@jp2.org or US Postal Mail.

This information is strictly confidential. 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

Table with 5 columns: Skill, Usually, Frequently, Sometimes, Seldom. Rows include: Listens to and follows teacher's directions, Is attentive to group discussions/activities, etc.

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: _____