



NAZARETH ACADEMY HIGH SCHOOL

4001 GRANT AVENUE, PHILADELPHIA, PA 19114

Phone: 215.268.1026 | Fax: 215.268.1081

Email: Admissions@NazarethAcademyHS.org

RECOMMENDATION FORM

2027-2028 SCHOOL YEAR

Dear Parent(s)/Guardian(s):

By completing and submitting this form, you understand and agree that the information on this form is confidential and intended to be read only by the Admissions Committee at Nazareth Academy High School. Comments on this sheet **will not be disclosed** to you or anyone at your request during or after the admissions process.

Please fill out the identification information below and forward this recommendation form to your daughter's **Principal/ Head of School, teacher of an academic subject, or guidance counselor**. Your daughter's evaluator will then complete this form and mail it directly to Nazareth Academy High School's Admissions Office. Students need *only one completed recommendation form* for admission to NAHS. *Thank you!*

STUDENT'S NAME: _____

CURRENT SCHOOL: _____ CURRENT GRADE: _____

PARENT/GUARDIAN SIGNATURE: _____ (Date)

EVALUATOR'S USE ONLY

Dear Evaluator:

The student named above is applying for admission to Nazareth Academy High School. The Admissions Committee greatly appreciates your time, cooperation, and assistance in completing this recommendation form to the best of your ability. Please note that your comments will be held in strictest confidence.

Kindly return the completed recommendation form to the Nazareth Academy High School Admissions Office. Thank you!

EVALUATOR'S NAME: _____

CURRENT POSITION: _____

How long have you known the student and in what capacity? _____

EVALUATOR'S SIGNATURE: _____ (Date)

SCHOOL: _____

SCHOOL'S ADDRESS: _____ (Street)

(City)

(State)

(Zip Code)

TELEPHONE AND/OR EMAIL: _____

Please email, fax, or mail (*Attn: Admissions Office*) to NAHS. See above for contact information and address.

ACADEMIC QUALITIES

Please circle the rating that best describes the applicant's qualities. **Rating:** 5 - Outstanding; 4 - Excellent; 3 - Good; 2 - Average; 1 - Below Average; [] - No Basis

1. ACADEMIC ABILITY	5	4	3	2	1	[]
2. ACADEMIC ACHIEVEMENT	5	4	3	2	1	[]
3. EFFORT & DRIVE	5	4	3	2	1	[]
4. INTELLECTUAL CURIOSITY	5	4	3	2	1	[]
5. ABILITY TO WORK WELL WITH OTHERS	5	4	3	2	1	[]
6. ABILITY TO WORK INDEPENDENTLY	5	4	3	2	1	[]
7. ORAL EXPRESSIONS OF IDEAS	5	4	3	2	1	[]
8. WRITTEN EXPRESSION OF IDEAS	5	4	3	2	1	[]
9. CONCENTRATION	5	4	3	2	1	[]
10. INITIATIVE/SELF-MOTIVATION	5	4	3	2	1	[]
11. CLASSROOM PARTICIPATION	5	4	3	2	1	[]
12. ATTENDANCE/LATENESS	5	4	3	2	1	[]

PERSONAL QUALITIES

Please circle the rating that best describes the applicant's qualities. **Rating:** 5 - Outstanding; 4 - Excellent; 3 - Good; 2 - Average; 1 - Below Average; [] - No Basis

1. INTEGRITY & HONESTY	5	4	3	2	1	[]
2. MATURITY	5	4	3	2	1	[]
3. CONCERN FOR OTHERS	5	4	3	2	1	[]
4. SELF-CONFIDENCE	5	4	3	2	1	[]
5. LEADERSHIP POTENTIAL	5	4	3	2	1	[]
6. SCHOOL/COMMUNITY INVOLVEMENT	5	4	3	2	1	[]
7. EMOTIONAL STABILITY	5	4	3	2	1	[]
8. OVERALL ATTITUDE	5	4	3	2	1	[]
9. SOCIAL ADJUSTMENTS WITH PEERS	5	4	3	2	1	[]
10. SENSE OF HUMOR	5	4	3	2	1	[]
11. CONDUCT	5	4	3	2	1	[]
12. PARENTAL COOPERATION	5	4	3	2	1	[]

Please list three of the applicant's strengths (academic or personal): _____

Please list three of the applicant's areas in need of improvement (academic or personal): _____

If you could describe the applicant in one word, what would it be? _____

If you have any additional information that may be helpful in the evaluation of this student, please attach written notes or a letter to this form. If you would like to speak with someone personally regarding this applicant, please contact the Admissions Office at 215-268-1026. Thank you for taking the time to complete this evaluation!