

PRINCIPAL OR COUNSELOR RECOMMENATION

Please give this form to your current principal or counselor with a stamped envelope addressed to SMCHS

**Principal or Counselor:
Please mail completed form to:**

Santa Margarita Catholic High School
Admissions Office
22062 Antonio Parkway
Rancho Santa Margarita, CA 92688

PLEASE PRINT

Name of Applicant: _____ Current Grade: _____ Date: _____

The above named student is applying for admission to Santa Margarita Catholic High School. This form is confidential and will be used only for the purpose of admission. You may indicate your rating by circling the appropriate box. If you wish to discuss this student personally rather than complete this form, please check here ____, sign the form and note your telephone number. The Director of Admissions will contact you. Thank you for helping us make a true assessment of this student. Please return this form as soon as possible.

ACADEMIC ABILITY	Exceptional Student	Fine Student Honor Roll	Average Student	Struggling Student	At Risk, poor grades
INTEGRITY	Exceptional Upright	Noticeable Upright	Upright, No concerns	Weak or questionable	Record of dishonesty
CONDUCT	Outstanding	Excellent	Good	Marginal	Poor
RECOMMENDATION AS A STUDENT	Outstanding	Excellent	Good	Fair	Poor
RECOMMENDATION AS A PERSON	Outstanding	Excellent	Good	Fair	Poor

We would appreciate receiving your answers to the following questions that relate to the applicant.

1. Has any serious disciplinary action ever been taken on this student? No ____ Yes ____ If yes, please explain

2. Has this student had any attendance problems or issues? No ____ Yes ____ If yes, please explain

3. Has the candidate any significant special needs, learning disabilities, or health problems?

No ____ Yes ____ If yes, please explain: _____

4. Additional comments: _____

5. Is there any additional information that might be better conveyed in a phone conversation?

If yes, please provide phone number _____

Principal/Counselor Name _____

I have known the student for ____ years

Name of School _____

School Phone _____

School Address _____

Street

City

State

Zip

Principal/Counselor Signature _____

Date _____