

St. Genevieve

## Recommendation

The following student has applied for admission to St. Genevieve Elementary School. Please mail this recommendation in an official envelope. CONFIDENTIAL INFORMATION.
Do not return the completed form to the applicant. Please mail it in an official school envelope.

Name of Applicant $\qquad$ Present Grade $\qquad$
Length of time in present school $\qquad$

| PLEASE RATE ON A SCALE OF 1-5 (circle) | Low |  |  |  | High |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Student's general attitude | 1 | 2 | 3 | 4 | 5 |
| School study habits/effort | 1 | 2 | 3 | 4 | 5 |
| Cooperation | 1 | 2 | 3 | 4 | 5 |
| Classroom behavior | 1 | 2 | 3 | 4 | 5 |
| Relationship with peers | 1 | 2 | 3 | 4 | 5 |
| Attendance/punctuality | 1 | 2 | 3 | 4 | 5 |
| Home study habits | 1 | 2 | 3 | 4 | 5 |
| Parental involvement in school activities | 1 | 2 | 3 | 4 | 5 |
| Parental support of school policies | 1 | 2 | 3 | 4 | 5 |

COMMENTS: $\qquad$

| PROGRESS: | $\mathrm{O}=$ Outstanding | G=Good | S=Satisfactory | $\mathrm{P}=$ Below Average/Poor | VP=Very Poor |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Religio |  | Reading | Math | Language |  |
| Spellin | g | Science | Social Studies |  |  |

School Name $\qquad$ Telephone No.

Address $\qquad$ City Zip

Principal's Name (Print)
Principal's Signature $\qquad$ Date $\qquad$

