

# St. John the Baptist Catholic School

11156 San Pablo Ave., El Cerrito, CA 94530  
Phone: 510-234-2244 FAX: 510-234-3726

## Teacher or Principal Recommendation

**To the Applicant:** Please print your name and give this form to your current teacher or principal with a stamped envelope.

Applicant Name: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

**To the Parent or Guardian:** Please read and sign the statement below:

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past year as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher and or principal recommendations and the school report.

Signature of Applicant's Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**To the School:** The above named applicant has applied for enrollment at St. John the Baptist School. Please complete the form below. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation and candor.

**Please rate the following qualities accordingly:**

5 as Excellent, 4 as Good, 3 as Average, 2 as Fair, and 1 as Needs Improvement

### Academic Qualities

Study Habits \_\_\_\_\_  
Attention Span \_\_\_\_\_  
Ability to Work Independently \_\_\_\_\_  
Motivation \_\_\_\_\_

### Personal Qualities

Academic Commitment \_\_\_\_\_  
Reaction to Criticism \_\_\_\_\_  
Reaction to Setbacks \_\_\_\_\_  
Self-Confidence \_\_\_\_\_  
Concern for others \_\_\_\_\_  
Personal Conduct \_\_\_\_\_  
General Level of Maturity \_\_\_\_\_

General Comments about the applicant's strengths and areas for growth.

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Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_