

I understand that this recommendation is confidential; therefore, I waive my right to see this recommendation.



\_\_\_\_\_  
Parent's Signature

**Counselor or Principal Recommendation**  
(Please print.)

Applicant's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Please fill out the following form and return it with copies of the requested transcripts, standardized testing and health/psychological records. *Applications cannot be processed without this information.*

	POOR	FAIR	AVERAGE	ABOVE AVG.	EXCELLENT	SUPERIOR
Academic Achievement						
Academic Potential						
Adult Relationships						
Attention Span						
Consideration of Others						
Integrity						
Leadership						
Parent-Student-School Relations						
Peer Relationships						
Verbal Expression						
Written Expression						

To the best of your knowledge does the applicant have a learning disability? Yes No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have there been problems affecting school behavior? Yes No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has there been any difficulty with discipline? Yes No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has there been a history of suspension or frequent absence? Yes No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Overall recommendation:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return to: **DIRECTOR OF ADMISSIONS**  
**Peninsula Catholic High School**  
**600 Harpersville Road**  
**Newport News, Virginia 23601**