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

_____

Parent's Signature

School Administrator's Recommendation
for International Students
(Please print.)

Applicant's Name _____ Grade Entering _____

How long have you known the applicant? _____

Please fill out the following form and return it with copies of the requested transcripts and other school records. The application for admission cannot be processed without this information.

Please check the appropriate response for this student:

	POOR	FAIR	AVERAGE	ABOVE AVG.	EXCELLENT	SUPERIOR
Academic Achievement						
Academic Potential						
Consideration of Others						
Independence						
Leadership						
Motivation to Learn						
Peer Relationships						
Self-Confidence						
Verbal Expression						
Written Expression						

Please circle one: I do not recommend I do recommend I strongly recommend

this student for admission to Peninsula Catholic High School.

_____ _____ _____
Signature Title Date

Please return this form to applicant's parent in a sealed envelope addressed to:

DIRECTOR OF ADMISSIONS
Peninsula Catholic High School
600 Harpersville Road
Newport News, Virginia 23601