



ADMISSIONS RECOMMENDATION FORM

An educator or administrator familiar with the student should complete this form to recommend him or her for admission to Cathedral High School. **The recommender should return this form directly to Cathedral High School. This form will remain confidential.**

1 STUDENT & RECOMMENDER INFORMATION

STUDENT NAME	CURRENT SCHOOL	CURRENT GRADE
RECOMMENDER NAME	RECOMMENDER TITLE & SCHOOL/INSTITUTION	
RELATIONSHIP TO STUDENT	HOW LONG YOU HAVE KNOWN THE STUDENT	
RECOMMENDER PHONE NUMBER	RECOMMENDER EMAIL ADDRESS	

2 RECOMMENDATION

STUDENT ASSESSMENT	Excellent	Very Good	Good	Average	Below Average	Poor
ACADEMIC ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFORT & ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER & INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE & TARDINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY/GUARDIAN ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISCIPLINARY ACTIONS:	<input type="checkbox"/> NO INSTANCES OF OFFICE DISCIPLINARY ACTION					
	<input type="checkbox"/> SEVERAL INSTANCES OF MINOR DISCIPLINARY ACTION					
	<input type="checkbox"/> FREQUENT NEED FOR OFFICE INTERVENTION					
	<input type="checkbox"/> AT LEAST ONE INSTANCE OF SERIOUS DISCIPLINARY ACTION (SUSPENSION, EXPULSION, ETC.)					

RECOMMENDATION NARRATIVE

Please comment below on why you would recommend this student for admission to Cathedral High School. You may continue your recommendation narrative on the reverse side of this form if necessary.

FINAL ASSESSMENT AND SIGNATURE

☐ RECOMMEND WITH ENTHUSIASM ☐ RECOMMEND ☐ RECOMMEND WITH RESERVATION ☐ DO NOT RECOMMEND

RECOMMENDER SIGNATURE

DATE

PLEASE RETURN DIRECTLY TO:

ADMISSIONS@CATHEDRALHIGHSCHOOL.NET

HAVE QUESTIONS?

Call 617-542-2325 ext. 312 or email

admissions@cathedralhighschool.net

ADMISSIONS RECOMMENDATION FORM

RECOMMENDATION NARRATIVE (continued)



CATHEDRAL
7-12 HIGH SCHOOL • BOSTON

PLEASE RETURN THIS COMPLETED RECOMMENDATION DIRECTLY TO:
ADMISSIONS@CATHEDRALHIGHSCHOOL.NET

THIS RECOMMENDATION FORM WILL REMAIN CONFIDENTIAL.