

St. Anthony School
233 Lomita Street
El Segundo, CA 90245
Phone: 310-322-4218 Fax: 310-322-2659

NEW STUDENT RECOMMENDATION FORM (GRADES K-8)

The following student has applied for admission to St. Anthony School. Please complete and return this form by mail or FAX as soon as possible. **This information is confidential. Do not return to the applicant.** Thank you for taking the time to complete this form.

Parent Authorization Signature _____ Date _____

Child's Name _____ Present Grade _____

Length of time in the school _____

PLEASE RATE ON A SCALE OF 1-5:	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	
Relationship with teachers	1	2	3	4	5	
Attendance/punctuality	1	2	3	4	5	
Home study habits	1	2	3	4	5	
Parents are appropriately involved in the school	1	2	3	4	5	
Parents support school policy	1	2	3	4	5	
Parents meet financial obligations on time	1	2	3	4	5	NA

PLEASE RATE ACADEMIC PROGRESS AS FOLLOWS:

1: outstanding 2: good 3: satisfactory 4: below average

Reading Comprehension _____ Writing Skills _____ Math _____

OVERALL RECOMMENDATION	ACADEMICALLY (√one only)	PERSONALLY (√ one only)
I highly recommend this student.	_____	_____
I recommend this student.	_____	_____
I recommend this student with reservations.	_____	_____
I do not recommend this student.	_____	_____
Please call me. _____		

SCHOOL NAME _____ PHONE# _____

ADDRESS _____ CITY: _____ ZIP _____

EVALUATOR'S SIGNATURE & POSITION _____