



# SENDING SCHOOL RECOMMENDATION FORM

950 Mamaroneck Avenue | White Plains, NY 10605 | (914) 946-4800 | www.stepinac.org

**FULL NAME** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**ADDRESS** \_\_\_\_\_  
(City) (State) (Zip Code)

is seeking admission to our school. Please complete this form and return it personally to the student in a sealed envelope – or – you can mail it directly to Archbishop Stepinac High School.

**PLEASE RATE THE ABOVE NAMED CANDIDATE IN THESE AREAS:**

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Poor</i>
CONDUCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ATTENDANCE:** Number of times absent since the beginning of this school year \_\_\_\_\_

**LATENESS:** Number of times late since the beginning of this school year \_\_\_\_\_

Is this student known to you personally?  Yes For How Long? \_\_\_\_\_  No  
How long has this student attended your school? \_\_\_\_\_  
What grade will be completed in June? \_\_\_\_\_

As of the last Report Card, please indicate the student's:

Cumulative Scholastic Average: \_\_\_\_\_ Rank in Class: \_\_\_\_\_ out of \_\_\_\_\_

Evaluate this student's possibility of Academic Success at Archbishop Stepinac High School:

*Excellent*  *Good*  *Average*  *Fair*  *Poor*

Remarks (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Dated**