

RECOMMENDATION FORM

Applicants to Grade 9

Note: Eighth graders attending a Catholic school in the Diocese of Arlington or the Archdiocese of Washington do not need to submit this form to their school. The eighth grade teacher will complete the appropriate form on the student's behalf and it will be submitted with a transcript directly to Bishop O'Connell High School.

Student Last Name _____ First Name _____

Student School _____

The student named above has expressed an interest in being admitted to the ninth grade at Bishop O'Connell High School. Please supply the information requested below as soon as possible.

1. Has any serious disciplinary action ever been taken on this student? Yes No

If yes, please explain _____

2. Does the candidate have any significant special needs, learning disabilities or health problems? Yes No

If yes, please explain _____

3. Do parents cooperate with school policies? Yes No

4. Does this student have any special talents: athletic, artistic, performance? Yes No

If yes, please list _____

5. Current Attendance Record: Excellent Good Fair Poor

6. The academic rank/position of this student is: Above Average Average Below Average

7. Recommendation:

| | Not Recommended | Without Enthusiasm | Fairly Strongly | Strongly | With Enthusiasm |
|------------------------------------|-----------------|--------------------|-----------------|----------|-----------------|
| For Academic Promise | | | | | |
| For Character and Personal Promise | | | | | |
| Overall Recommendation | | | | | |

8. Please provide any additional information that may help determine how successful this student will be in high school.

9. _____
Recommender's Signature _____ Name (please print) _____

Title _____ Date _____

Submit completed form directly to:

Office of Admissions, Bishop O'Connell High School, 6600 Little Falls Rd., Arlington, VA 22213