

Paul VI Catholic High School  
 10675 Fairfax Blvd.  
 Fairfax, Virginia 22030  
 Phone: 703-352-0925 ext. 331 Fax: 703-383-3974

The student named below is currently registered in your school and has expressed an interest in being admitted to Paul VI Catholic High School. Please complete this form and forward it along with the permanent record, current report card grades, placement examination scores and other student achievements to the designated High School as soon as possible. Please be certain that your evaluation is consistent with grades, attendance and discipline that have already been documented through such means as reports, testing and conferences. If your school is not part of the Diocese of Arlington and you use a code for marking, please send an interpretation key.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Number of years attended: \_\_\_\_\_

We would appreciate receiving your answers to the following questions that relate to the candidate.

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

If yes, please explain: \_\_\_\_\_

2. Has the candidate 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 \_\_\_

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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Counselor /Principal

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Principal's Signature

\_\_\_\_\_  
 Date