



GOOD SHEPHERD
CATHOLIC SCHOOL

SCHOOL RECOMMENDATION FORM
For admission to Kindergarten through Eighth Grade

Name of Student: _____

Applying for Grade: _____ For the School Year Beginning: _____

To Parent or Guardian of Applicant: Please submit this form to your child's current school.

To Teacher or Guidance Counselor: This student is seeking admission to Good Shepherd Catholic School. We would appreciate a candid appraisal of this applicant. This appraisal is confidential and will be used only for the admission process. Its contents will not be shared with parents. Please be advised that you may be contacted for further verification.

CATEGORY	Please mark one for each category.			
Academic Ability	<input type="radio"/> EXCELLENT	<input type="radio"/> GOOD	<input type="radio"/> FAIR	<input type="radio"/> POOR
Attitude/Cooperation	<input type="radio"/> EXCELLENT	<input type="radio"/> GOOD	<input type="radio"/> FAIR	<input type="radio"/> POOR
Conduct/Self-Discipline	<input type="radio"/> EXCELLENT	<input type="radio"/> GOOD	<input type="radio"/> FAIR	<input type="radio"/> POOR
Group Participation	<input type="radio"/> EXCELLENT	<input type="radio"/> GOOD	<input type="radio"/> FAIR	<input type="radio"/> POOR
Integrity/Honesty	<input type="radio"/> EXCELLENT	<input type="radio"/> GOOD	<input type="radio"/> FAIR	<input type="radio"/> POOR
Leadership	<input type="radio"/> EXCELLENT	<input type="radio"/> GOOD	<input type="radio"/> FAIR	<input type="radio"/> POOR
Motivation/Effort	<input type="radio"/> EXCELLENT	<input type="radio"/> GOOD	<input type="radio"/> FAIR	<input type="radio"/> POOR
Study Habits	<input type="radio"/> EXCELLENT	<input type="radio"/> GOOD	<input type="radio"/> FAIR	<input type="radio"/> POOR

1. Is the above named student in good standing and eligible to remain in your school for the next grade level? ___Yes ___No

If no, please explain: _____

2. Has any disciplinary action ever been taken regarding this candidate? ___Yes ___No

If yes, please explain: _____

3. Are parents cooperative and supportive of the school? _____ Yes _____No

4. Please provide any additional information that may be helpful to us as we consider this applicant for admission.

Teacher's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Name of School: _____ Phone: _____

Upon Completion – Please Mail or Email:

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