

# Notre Dame High School

## Clergy Recommendation Form

**Due: January 24, 2020**

**To the Applicant:** Please print your name below and forward this form to your Parish or Faith Community with a stamped envelope addressed to the Director of Admissions.

Applicant's Name: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

**To the Clergy:** Please complete this form or the Secondary Schools of the San Francisco Archdiocese form. This recommendation will remain confidential and will not become part of the applicant's permanent record. We sincerely appreciate your cooperation and candor. This recommendation is one component of a comprehensive admissions evaluation. Please keep a copy for your files.

**Are the family and the applicant involved in the worship life of your community? Please rate their commitment on a scale of 1 to 10 (with 10 being highest).**

10 □ 9 □ 8 □ 7 □ 6 □ 5 □ 4 □ 3 □ 2 □ 1 □

**Please check the activities in your community in which the applicant is involved. Add any activities you think would be of interest to the Admissions Committee.**

- |  |  |
|--|--|
| <input type="checkbox"/> Church Youth Organization         | <input type="checkbox"/> Lector                                    |
| <input type="checkbox"/> Service Helper/Altar Server       | <input type="checkbox"/> Attends Retreats                          |
| <input type="checkbox"/> Takes Religious Education Classes | <input type="checkbox"/> Assists in Sunday School/Religion Classes |
| <input type="checkbox"/> Other (Please specify): _____     |  |

**Please check the activities in your community in which the parent(s) is (are) involved.**

- |   |  |
|---|--|
| <input type="checkbox"/> Youth Advisor/Parent Board     | <input type="checkbox"/> Church Council          |
| <input type="checkbox"/> Lector/Commentator             | <input type="checkbox"/> Choir Member            |
| <input type="checkbox"/> Sunday School Religion Teacher | <input type="checkbox"/> Men's Club              |
| <input type="checkbox"/> Eucharistic Minister           | <input type="checkbox"/> Women's Club            |
| <input type="checkbox"/> Adult Religious Education      | <input type="checkbox"/> Gives Financial Support |
| <input type="checkbox"/> Other (Please specify): _____  |  |

**Overall Recommendation:**

- I recommend this applicant.
- I recommend this applicant with reservations.
- I do not know this applicant well enough to make a recommendation.
- Please call me regarding this applicant at: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Parish or Faith Community: \_\_\_\_\_ Phone: \_\_\_\_\_

Please use the back of this sheet to make any additional comments.

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