



## **PRIVATE/CATHOLIC SCHOOL PRINCIPAL CONFIDENTIAL STUDENT RECOMMENDATION FORM**

*This form will be used only by the persons on the CCS Admissions Committee and will not become part of the cumulative folder of this prospective student: therefore, this form will not be open to review. Please return to CCS at the above address within one week of the date received. For assistance, please contact the CCS principal.*

**STUDENT NAME** \_\_\_\_\_  
PLEASE PRINT

**CURRENT GRADE:** \_\_\_\_\_ **ENTERING GRADE** \_\_\_\_\_

**Please check:**

\_\_\_\_\_ Parents meet financial obligations regularly.

\_\_\_\_\_ Parents have needed special consideration and/or financial arrangements. If so, please explain.

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

\_\_\_\_\_ I recommend this student.

\_\_\_\_\_ I do not recommend this student.

**Comments: Please make additional comments or give any information which may influence our final decision regarding the student's acceptance into CCS. For example, if the student has been subject to disciplinary procedures or was asked to withdraw from your school, please explain below.**

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

**Have the parents generally been collaborative with and supportive of your school and teachers?  
Yes\_\_\_ No\_\_\_ If not, what were the circumstances?**

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

**Thank you for the time you have taken to prepare this report. Your carefully considered judgments will have a direct bearing on this candidate's acceptance into Corpus Christi School (CCS).**

**Signature of Principal/Director:** \_\_\_\_\_

**Print name of Principal/Director:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**School Address:** \_\_\_\_\_

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

**Date Form Completed:** \_\_\_\_\_