



St. Jude the Apostle School

32036 W. Lindero Canyon Road
 Westlake Village, CA 91361
 (818) 889-9483
 www.stjudeschool.org

Academic Character Reference 2017-2018

TO THE PARENT/GUARDIAN:

As part of the admission process at St. Jude the Apostle School, we must receive an assessment of the applicant. **Please complete the top portion of this form and submit it to an administrator or teacher at your present school who knows your child well.** As a courtesy to the administrator or teacher, allow them plenty of time to complete this form. It is also customary to supply a stamped envelope in which to mail it directly to St. Jude the Apostle School.

NAME OF APPLICANT: _____
 First Middle Last

CANDIDATE FOR GRADE: _____ IN SEPTEMBER, 2017

PRESENT SCHOOL: _____

STREET ADDRESS/CITY/STATE/ZIP CODE _____

PARENT/GUARDIAN SIGNATURE: _____

To Administrator or Teacher: Thank you for your assistance. Your comments will be held in the strictest confidence and will be most appreciated in reviewing the applicant’s personal characteristics and academic credentials. **Please return this form to St. Jude the Apostle School. Attention: Mrs. Michele Schulte, Principal, as soon as possible or no later than the deadline date of Feb. 24th, 2017**

Academic Assessment	Excellent	Good/Average	Below Average
Motivation			
Creative Qualities			
Self-Discipline			
Growth Potential			
Achievement			
Ability in Relation to Achievement			
Attendance at School			
Character Assessment	Excellent	Good/Average	Below Average
Leadership			
Self-confidence			
Warmth of Personality			
Sense of Humor			
Emotional Maturity			
Personal Initiative			
Reaction to Setbacks			
Respect Accorded by Faculty			
Ability to Work with Others			
General Conduct			

(continue on back)

Please list extraordinary health problems: _____

Please list any disabilities which could affect the applicant's performance: _____

Has the applicant's home environment been a positive force in his/her development? Please explain:

Please list any unusual attendance patterns (absences and tardies) _____

If this student were to reapply to your school, would you grant acceptance? _____

Please check two of the following, if applicable:

- Parents/Guardians meet financial obligations.
- Parents/Guardians have difficulty meeting financial obligations.
- Parents/Guardians fail to meet financial obligations.
- Parents/Guardians support school sponsored activities.
- Parents/Guardians do not support school-sponsored activities.

Form completed by: _____
Name (Please print) **Title**

Signature: _____

Phone number where you may be reached during the day: _____

Thank you for your time in completing this form.