

PRINCIPAL / COUNSELOR RECOMMENDATION

1	Applica	nt's Nam	e:	· · · · · · · · · · · · · · · · · · ·		
CHSCHO	Present School:					
that you complete to their right of accepermanent record. sincerely appreciate	Counselor: The student his recommendation for ress to this information: You Please circle the number your cooperation and call direturn this recommend cooperation.	n on his/h our remark that best andor. Ple	ner behalf. The ks will remain of describes this ease do not give	applicant's p confidential a student in ea e the complet	parents/guardians and will not becom ach of the categori acd form to the stu	have signed a waiver ne part of the student's ies listed below. We udent/applicant.
					No opportunity	7
		Poor	Satisfactory	Excellent	to observe	_
	Study Habits	1	2	3		_
	Motivation and Drive	1	2	3		_
	Personal Conduct	1	2	3		_
	Concern for Others	1	2	3		
	(If <u>yes</u> , please explain) been enrolled in any sp	·				
(If <u>no</u> , please explain)		·			·	
Would you recom ☐ Definitely ☐ M	mend this student as a aybe	candidat			an Brothers High	
Please	feel free to share any addition	onal comme	ents you would li	ke to include o	on the reverse side o	of this form
Signature and Title					Date	
Print Name and Title						

This form may be scanned and sent via email to: admissions@cbhs-sacramento.org, faxed to 916-733-3657, or mailed to Christian Brothers High School, Admissions Office, 4315 Martin Luther King Blvd., Sacramento, CA 95820

Feel free to contact us if you have any questions: 916-733-3690