

Print Name and Title

PRINCIPAL / COUNSELOR RECOMMENDATION

	Applica	nt's Nam	e:			
TICH SCHOOL	Present School:					
that you complete the control of access or manent record. Particularly appreciate years.	Counselor: The student is recommendation form is to this information: You lease circle the number your cooperation and careturn this recommend coperation.	m on his/h our remark that best andor. Ple	er behalf. The ks will remain o 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 categor ted form to the stu	have signed a waiver ne part of the student' ies listed below. We udent/applicant.
					No opportunity	
		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		
□ Yes □ No (o date? (e.g. health proble If <u>yes</u> , please explain) een enrolled in any sp					
Do you think the ap If <u>no</u> , please explain)	plicant's test scores a	ccurately	reflect achiev	vement and	ability? 🗆 Ye	es 🗆 No
Would you recomm	nend this student as a	candidat	e for admissic	on to Christi	an Brothers High	ı School?
☐ Definitely ☐ May	ybe 🔲 Probably Not		Why / Why no	ot? (Please de	escribe in detail your	response)
Please fe	el 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		

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