



Student Name _____

Applying for Grade _____

For School Year _____

INSTRUCTIONS TO PARENT/GUARDIAN

Please sign this Release of School Records & School Recommendation form and forward to your child's current principal or guidance counselor.

I authorize teachers or administrators to release information about my child which would identify apparent strengths or areas of development, as well as patterns of behavior. I request that the school records of be forwarded to the Admissions Office of St. Peter's School, 319 Lombard Street, Philadelphia, PA 19147.

Parent/Guardian Signature _____

Parent/Guardian Name _____

Date _____

INSTRUCTIONS TO SCHOOL

The student named above is an applicant for admission to St. Peter's School.

Please return the following directly to the St. Peter's School Admission Office at the address below:

- A complete, official transcript of grades and standardized tests for at least two years, including the current academic year.
Please also enclose any additional testing conducted that pertains to the student's academic, intellectual, social or emotional abilities and needs.
- Attendance record
- Results of standardized achievement and/or aptitude tests
- A confidential School Recommendation (see reverse side), completed by the principal or guidance counselor, evaluating the applicant. A letter of recommendation which responds to the School Recommendation questions posed on the reverse side is an acceptable substitute.

Thank you on behalf of the members of the St. Peter's School Admission Committee.

SCHOOL RECOMMENDATION

Student Name _____

How long have you known the student? _____

What are the first three words that come to mind to describe this student? _____

Number of students in applicant's entire grade _____

Subject(s) taught to this student _____

ACADEMIC AND PERSONAL QUALITIES

Please evaluate the candidate in the following areas by placing a check in the appropriate column.

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to organize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Honesty/integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensitivity to others' feelings respect for individual differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments _____

SCHOOL RECOMMENDATION CONTACT

Your Name _____

Title _____

School _____

Phone _____

Address _____

City/State/Zip _____

ST. PETER'S SCHOOL

319 Lombard Street, Philadelphia, PA 19147 | 215.925.3963 | fax 484.751.0907 | st-peters-school.org