

OPTIONAL STUDENT RECOMMENDATION FORM

**Admissions Office
Arlington Catholic High School
16 Medford Street, Arlington, MA 02474
Office: 781-777-7014 Fax: 781-648-8345**

Name of Applicant: _____

Address: _____
No. Street City Zip

The above named student is applying to Arlington Catholic High School for the coming year. This recommendation is to be given by a person outside the school community who knows the student well.

With Enthusiasm Recommend With Reservation Do Not Recommend

Signature: _____

Print Name: _____

Position: _____ Telephone Number: _____

Check if you wish to be called to discuss the applicant