

# 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. The recommendation is to be given by the principal, teacher or counselor at the student's current school.

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With Enthusiasm    Recommend    With Reservation    Do Not Recommend

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ School Telephone Number \_\_\_\_\_

Check if you wish to be called to discuss the applicant