## SCHOOL RECOMMENDATION FORM

## Admissions Office Arlington Catholic High School 16 Medford Street, Arlington, MA 02474 781-646-8255

Name of Applicant:			
Address:			
No.	Street	City	Zip
The above named student i	s applying to Arlington Catholic High	School for the coming year. The re	ecommendation is to be
given by the principal, teach	ner or counselor.		
With Enthusia	Recommend With	Reservation Do Not Recon	nmend
Signature:			
Print Name:			
Position:	School Telephone Number		
	Check if you wish to be called t	o discuss the applicant	