

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.

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