

**To the applicant: Please fill in your name, address, name and contact information of your parent or guardian.**

**To Recommender: Principal/Teacher is asked to complete the form and return to the applicant in an envelope that is signed, stamped and sealed.**

1. Student Name:

\_\_\_\_\_  
Last Name First Name Middle Name

2. Home address: \_\_\_\_\_  
Street City/Town District

3. Parent name: \_\_\_\_\_  
First Middle Last

4. Address: \_\_\_\_\_  
Street City/Town District

5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### RECOMMENDATION INSTRUCTIONS:

Delille Academy appreciates your willingness to evaluate the academic potential and behavior of the student named above. Please complete this form and return it to the student in a sealed and signed/stamped envelope to be submitted with the application by the applicant.

1. Your Name: \_\_\_\_\_

2. Title/Position: \_\_\_\_\_ School Name: \_\_\_\_\_

3. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Email address \_\_\_\_\_

5. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

6. Is the applicant's academic performance a true reflection of his/her ability? ☐ Yes ☐ No

7. Please rate the applicant on the following attributes: (Place a check mark)

	Excellent	Good	Average	Poor/Below Average
Motivation				
Written Communication				
Oral Communication				
Intellectual Curiosity				
Behavior				
Attendance				
Punctuality				
Reverence to the Catholic Church and Teachings				

8. Final Recommendation: ☐ Highly Recommended ☐ Recommended ☐ Recommend with Reservations

9. Comments:

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

Date: \_\_\_\_\_

School Stamp

