



ST. JOHN PAUL II HIGH SCHOOL

Cape Cod's Only Catholic Secondary School

RECOMMENDATION FORM

Please Print

STUDENT LAST NAME	STUDENT FIRST NAME	PARISH/CHURCH NAME
STREET		PARISH/CHURCH CITY & STATE
CITY	STATE	ZIP
		DENOMINATION

Dear Pastor:

The above named student from your parish/church has initiated the application process to attend St. John Paul II High School. It would help us in the decision-making process if you could share some comments about this student. Please be assured that all information is treated as personal and confidential.

We are grateful for your support of St. John Paul II High School and the time and effort you are taking to complete this form. If you would prefer, I would also welcome the opportunity to speak with you concerning this applicant. Again, thank you for providing us with this important information.

Sincerely,

Christopher Keavy, Head of School

<input type="checkbox"/> Is a member of this parish/church	<input type="checkbox"/> Is involved in parish/church programs
<input type="checkbox"/> Is an altar server	<input type="checkbox"/> Parent(s) teach in religious education program
<input type="checkbox"/> Attends weekly Mass/Worship	<input type="checkbox"/> Parent(s) is/are on the parish/church council
<input type="checkbox"/> Attends religious education program	

Additional comments: _____

I recommend this candidate for admission to St. John Paul II High School:
(check one)

- Enthusiastically Strongly Without Enthusiasm Prefer not to recommend at this time

SIGNATURE