

Secular Principal's Confidential Report on Applicant

Kindly answer the questions below and mail this report to us along with a transcript of all the student's grades, standardized test scores, non-scholastic records, and one letter of recommendation from an administrator or teacher in the secular department.

Student: _____
Last name
First name
Middle name

Grade level completed: _____

End of the year grade: English ___ Social Studies ___ Math ___ Science ___ Language(_____) ___

In your opinion, taking into account the applicant's total performance at your school, will the applicant be:

a below average student an average student a good student a superior student

Kindly check the appropriate box on the chart below to indicate the student's rating in each of the following:

	Excellent	Very good	Good	Satisfactory	Poor
Acceptance of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformity to school regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Principal's Signature _____ Date _____

School name _____

Address _____ City, State, Zip _____ Phone _____

For Office Use Only

Interviewed by: _____

Examination _____ Date _____

Comments _____