



Permission for Release of Records

Registrar: *The student below has inquired about enrolling/transferring to Pope John Paul II High School. In an effort to make a more informed admission decision, we kindly request the following:*

1. A copy of the student's official transcript from his/her current school including standardized test scores.
2. Copy(ies) of any behavioral and/or special education records.
3. Immunization Records

Parent/Guardian: *Fill in the information requested below and be sure to sign at the bottom.*

(Please Print)

Name of Student: _____

Current School: _____

School Address: _____

City/State/Zip: _____

School Phone: _____

- I hereby authorize the release to Pope John Paul II High School copies of transcripts, test scores, and recommendation forms for the above named student.
- I also give my permission for behavioral and/or special education records of the above named student to be sent to Pope John Paul II High school.

Parent Signature: _____

Date: _____

Print Name: _____

Registrar: *Keep this original for yourself and send a copy of this form with the information requested to the address listed below, attention: Admissions Committee.*



5608 Pacific Ave. SE
Lacey, WA 98503
(360) 438-7600



ENGLISH/LANGUAGE ARTS TEACHER RECOMMENDATION

Pope John Paul II High School needs your recommendation by _____

The student named below has applied for admissions to Pope John Paul II High School. We would appreciate your assistance in completing this checklist to help us assess the student's abilities and to meet the student's needs in high school English courses. Thank you for your assistance.

Student's Name: _____

Date Completed: _____

Current School: _____

School Phone: _____

Current English Teacher: _____

Circle placement recommendation: Regular English Emerging Scholars English Honors English

Please rate the student on each of the items below:

Excellent (Always, or almost always, superior)
Good (Quite often)
Average (Generally fair)
Poor (Rarely, never, seldom, below average)
NA (Not Applicable)

Characteristics:	Excellent	Good	Average	Poor	NA
Ability to work independently					
Ability to do independent study and research in areas of interest					
Academic potential in English					
Academic performance in English					
Completes assignments on time					
Critical and abstract thinking					
Skills in English					
Reading					
Oral comprehension					
Speaking					
Writing, vocabulary & grammar					
Contributions to class in English					
Test results in English					
Works effectively in English groups					
Overall evaluation in English					
Classroom behavior and conduct					
Study habits					

I would like a telephone conference: Yes No Phone #: _____

Please use the other side for additional comments.

THIS RECOMMENDATION WILL REMAIN CONFIDENTIAL AND WILL NOT
BECOME PART OF THE STUDENT'S PERMANENT RECORD. PLEASE BE CANDID.

I hereby authorize my child's school to prepare and submit the written recommendation required by Pope John Paul II High School as indicated in the admission process. I understand that this written evaluation is confidential and may not be reviewed by the applicant or the applicant's parent/guardian. The evaluation will be used only in the admission process and will not become part of the student's permanent record.

Student Name: _____

From: _____
Name of current school

Parent/Guardian Name

Date

Parent/Guardian Signature

Additional teacher comments: _____



MATHEMATICS TEACHER RECOMMENDATION

Pope John Paul II High School needs your recommendation by _____

The student named below has applied for admissions to Pope John Paul II High School. We would appreciate your assistance in completing this checklist to help us assess the student's abilities and to meet the student's needs in high school Mathematics courses. Thank you for your assistance.

Student's Name: _____ Date Completed: _____

Current School: _____ School Phone: _____

Current Mathematics Teacher: _____

Placement Recommendation: _____
 Circle: Honors Regular

Please rate the student on each of the items below:

Excellent (Always, or almost always, superior)
Good (Quite often)
Average (Generally fair)
Poor (Rarely, never, seldom, below average)
NA (Not Applicable)

Characteristics:	Excellent	Good	Average	Poor	NA
Ability to work independently					
Academic potential in Math					
Academic performance in Math					
Critical and abstract thinking					
Completes assignments on time					
Skills in Math					
Math concepts					
Math computation					
Contributions to class in Math					
Test results in Math					
Works effectively in Math groups					
Overall evaluation in Math					
Classroom behavior and conduct					
Study habits					

I would like a telephone conference: Yes No Phone #: _____

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Student Name: _____

From: _____

Name of current school

Parent/Guardian Name

Date

Parent/Guardian Signature

Additional teacher comments: _____

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SCIENCE TEACHER RECOMMENDATION

Pope John Paul II High School needs your recommendation by _____

The student named below has applied for admissions to Pope John Paul II High School. We would appreciate your assistance in completing this checklist to help us assess the student's abilities and to meet the student's needs in high school Science courses. Thank you for your assistance.

Student's Name: _____

Date Completed: _____

Current School: _____

School Phone: _____

Current Science Teacher: _____

Placement Recommendation: _____
 Circle: Honors Regular

Please rate the student on each of the items below:

Excellent (Always, or almost always, superior)
Good (Quite often)
Average (Generally fair)
Poor (Rarely, never, seldom, below average)
NA (Not Applicable)

Characteristics:	Excellent	Good	Average	Poor	NA
Ability to work independently					
Cooperation in small groups (labs)					
Academic performance in Science					
Critical & abstract thinking skills					
Follows directions (ie, labs)					
Study habits in Science					
Understands the Scientific Method					
Writing skills (lab reports)					
Conclusion writing for labs					
Classroom behavior					
Overall conduct					

I would like a telephone conference: Yes No Phone #: _____

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I hereby authorize my child's school to prepare and submit the written recommendation required by Pope John Paul II High School as indicated in the admission process. I understand that this written evaluation is confidential and may not be reviewed by the applicant or the applicant's parent/guardian. The evaluation will be used only in the admission process and will not become part of the student's permanent record.

Student Name: _____

From: _____
Name of current school

Parent/Guardian Name _____ *Date*

Parent/Guardian Signature

Additional teacher comments: _____



PRINCIPAL OR COUNSELOR RECOMMENDATION

Pope John Paul II High School needs your recommendation by _____

The student named below has applied for admissions to Pope John Paul II High School. We would appreciate your assistance in completing this checklist to help us assess the student's abilities and to meet the student's needs in high school. Thank you for your assistance.

Student's Name: _____ Date Completed: _____

Current School: _____ Number of Years Attended: _____

Principal/Counselor: _____ Signed: _____

Please rate the student on each of the items below:

Excellent (Always, or almost always, superior)
Good (Quite often)
Average (Generally fair)
Poor (Rarely, never, seldom, below average)
NA (Not Applicable)

Characteristics:	Excellent	Good	Average	Poor	NA
Ability to work independently					
Academic potential					
Academic performance					
Conduct/citizenship					
Cooperation with adults					
Honesty					
Leadership					
Motivation					
Participation in activities					
Relationships with schoolmates					
Study habits					
Overall evaluation of student					

Any significant health or physical disabilities: Yes No

Any significant behavior or personality problems: Yes No

Any significant attendance problems: Yes No

If yes to any of the above questions, please use the other side of this form to explain.

Any outstanding talents (list): _____

What school activities has this student been involved with in the past 2 years: _____

I would like a telephone conference: Yes No Phone #: _____

Please use the other side for additional comments.

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I hereby authorize my child's school to prepare and submit the written recommendation required by Pope John Paul II High School as indicated in the admission process. I understand that this written evaluation is confidential and may not be reviewed by the applicant or the applicant's parent/guardian. The evaluation will be used only in the admission process and will not become part of the student's permanent record.

Student Name: _____

From: _____
Name of current school

Parent/Guardian Name

Date

Parent/Guardian Signature

Additional principal or counselor comments: _____



PASTOR/MINISTER RECOMMENDATION

Pope John Paul II High School needs your recommendation by _____

Parish/Faith Community

Pastor/Minister Name

Student Name

The above named student has applied for admissions to Pope John Paul II High School. As a faith-based school, we are looking for students who are active in their faith community. We would appreciate your recommendation and any comments about this student with respect to their involvement in your community. We thank you for your assistance.

- I recommend
- I recommend with concerns
- I don't recommend

Additional comments: _____

Pastor/Minister Signature

Date

THIS RECOMMENDATION WILL REMAIN CONFIDENTIAL AND WILL NOT BECOME PART OF THE STUDENT'S PERMANENT RECORD. PLEASE BE CANDID.

I hereby authorize my child's pastor/minister to prepare and submit the written recommendation required by Pope John Paul II High School as indicated in the admission process. I understand that this written evaluation is confidential and may not be reviewed by the applicant or the applicant's parent/guardian. The evaluation will be used only in the admission process and will not become part of the student's permanent record.

Student Name: _____

From: _____
Name of current school

Parent/Guardian Name

Date

Parent/Guardian Signature
