



ST. JUDE THE APOSTLE CATHOLIC SCHOOL

Committed to Academic Excellence

Academic Character Reference 2025-2026

TO THE PARENT/GUARDIAN:

As part of the admission process at St. Jude the Apostle School, we must receive an assessment of the applicant*. **Please complete the top portion of this form and submit it to an administrator or teacher at your present school who knows your child well.** As a courtesy to the administrator or teacher, allow them plenty of time to complete this form. It is also customary to supply a stamped envelope in which to **mail it directly to St. Jude the Apostle School: 32036 W. Lindero Canyon Blvd., Westlake Village, CA 91361** or email to: Jennifer Clothier jclothier@stjudeschool.org. **This form is not required if your child attends a CVUSD school.*

CHILD APPLICANT

Child's Name _____

Candidate For Grade _____

Present School _____

Present School Address _____

PARENT SIGNATURE _____

TEACHER / ADMINISTRATOR ASSESSMENT

To Administrator or Teacher: Thank you for your assistance. Your comments will be held in the strictest confidence and will be most appreciated in reviewing the applicant's personal characteristics and academic credentials.

Please return this form to St. Jude the Apostle School.

ACADEMIC ASSESSMENT	EXCELLENT	GOOD/AVERAGE	BELOW AVERAGE
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative Qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growth Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability in Relation to Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHARACTER ASSESSMENT	EXCELLENT	GOOD/AVERAGE	BELOW AVERAGE
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warmth of Personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of Humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Setbacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect Accorded by Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Academic Character Reference - cont'

Please list extraordinary health problems:

Please list any disabilities which could affect the applicant's performance:

Please list any successful accommodations that have worked for the applicant:

Has the applicant's home environment been a positive force in his/her development? Please explain:

Please list any unusual attendance patterns (absences and tardies):

If this student were to reapply to your school, would you grant acceptance?

Please check two of the following, if applicable:

- | | |
|---|--|
| <input type="radio"/> Parents/Guardians meet financial obligations | <input type="radio"/> Parents/Guardians support school sponsored activities |
| <input type="radio"/> Parents/Guardians have difficulty meeting financial obligations | <input type="radio"/> Parents/Guardians do not support school-sponsored activities |
| <input type="radio"/> Parents/Guardians fail to meet financial obligations | |

Form completed by (Name & Title): _____

Signature: _____

Phone number where you may be reached during the day: _____

Thank you for your time in completing this form!