



# ST. JUDE THE APOSTLE CATHOLIC SCHOOL

*Committed to Academic Excellence*

## Academic Character Reference

**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](mailto: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 directly 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

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"/>

## Academic Character Reference – continued

Please list extraordinary health problems:

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

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

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

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

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

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**Please check two of the following, if applicable:**

- Parents/Guardians meet financial obligations
- Parents/Guardians have difficulty meeting financial obligations
- Parents/Guardians fail to meet financial obligations
- Parents/Guardians support school sponsored activities
- Parents/Guardians do not support school sponsored activities

**Form completed by (Name & Title):** \_\_\_\_\_

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

**Phone number where you may be reached during the day:** \_\_\_\_\_

**Thank you for your time completing this form!**