



POPE JOHN PAUL THE GREAT CATHOLIC HIGH SCHOOL

Principal Recommendation

Part 1: To Be Completed by the Parent/Guardian

Student FIRST Name _____ LAST Name _____
 Student Address _____
 City _____ State _____ Zip Code _____
 Current School _____
 School City _____ School State _____

After completing this portion of the form please stamp and address an envelope using the following address:

**Office of Admissions
 Pope John Paul the Great Catholic High School
 17700 Dominican Dr.
 Dumfries, VA 22026**

Take this form and the envelope to the school Administration Office so that they can complete Part 2 and mail the form to the Admissions Office at Pope John Paul the Great Catholic High School.

Part 2: To Be Completed by the School Principal or Designee

Information on this form will remain confidential.

Grade(s) of attendance: 7 8 9 10 11

Performance	Above Average	Average	Below Average
Attendance			
Behavior			
Academic Ability			

Please note any special attributes of this student that would help us to better understand him or her.

Parent involvement: *very involved* *usually involved* *not involved* *unknown*
 Parent cooperation: *very cooperative* *usually cooperative* *not cooperative* *unknown*

Print Name _____ Position: _____

Signature _____ Date _____