



FLINTRIDGE
SACRED HEART
ACADEMY

PRINCIPAL/HEAD OF SCHOOL REFERENCE

Admissions Phone: (626) 685-8333

Fax: (626) 685-8520

Applicant's Name: _____
First Middle Last

Please Print

Current School _____ City _____

Applying for Grade _____

To the Applicant: Please enter above your name, school, city and grade for which you are applying. Give this form to your Principal/Head of School with an envelope (please attach stamp) addressed to **FSHA, 440 St. Katherine Drive, La Cañada Flintridge, CA 91011.**

To the Parent(s): I give permission to the Principal/Head of School to release the information requested on this form to Flintridge Sacred Heart Academy as part of the application process.

Signature _____ Date _____

To the Principal/Head of School: Please complete this form only if parental permission has been given above.

This form will be reviewed only by the Admissions Committee and will not become part of the cumulative folder of the prospective student. Thank you for your time in preparing this report. Your **carefully** considered evaluation will have a significant bearing on our decision. Please write your comments below the questions, or **if you prefer to speak to us by telephone, give us the following information:**

Telephone number: _____ Best time to call you: _____

You may also email the Director of Admissions at lcastellano@fsha.org.

If this student is accepted and enrolls for the following school year, we will request her June report card grades as a final determinant.

REFERENCES ARE DUE BY FEBRUARY 1, 2011. (For boarding applicants, please forward as soon as possible)

Has this student received serious disciplinary actions? _____ no _____ yes (please explain)

Attendance/tardy record: _____ excellent _____ good _____ fair _____ poor

Comments: _____

Recommendations:

Academically (check one) _____ I highly recommend this student _____ I recommend this student
_____ I recommend this student with reservations _____ I do not recommend this student

As a Person (check one) _____ I highly recommend this student _____ I recommend this student
_____ I recommend this student with reservations _____ I do not recommend this student

Please rate parental expectations of their student _____ Realistic _____ Unrealistic _____ Unknown

Please rate parental involvement with the school _____ Enthusiastic _____ Cooperative _____ Unknown

Parent/Guardian financial history with your school (check one)

_____ meet financial obligations to the school consistently _____ meet financial obligations to the school with difficulty
_____ fail to meet financial obligations to the school _____ need special consideration with financial arrangements

Comments: _____

Signature _____ Date _____

Your Name _____ Position or Title _____

(Please Print)