

# St. Michael's Catholic School

1027 West 87<sup>th</sup> Street  
Los Angeles, CA 90044

## PRINCIPAL'S RECOMMENDATION LETTER

St. Michael's Catholic School will need the information below from your child's present school before we can process the application.

Please complete/sign the parent's authorization and send this form to prior school.

### PARENT'S AUTHORIZATION

I hereby authorize (prior school) \_\_\_\_\_

(address) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

To release all records of my child, \_\_\_\_\_  
To **St. Michael's Catholic School.**

The purpose of this form is to furnish St. Michael's Catholic School with information that will help our Admission Committee. We appreciate the information that you have furnished us.

This certifies that (student) \_\_\_\_\_ attended

(school) \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_ and is now in grade \_\_\_\_\_.

Please rate the candidate's personal characteristics according to the following:

	Attitude	Behavior	Citizenship	Cooperation	Effort	Neatness
Excellent						
Good						
Fair						
Poor						

Has the student attended school regularly? \_\_\_\_\_ If not why? \_\_\_\_\_

Principal's recommendation:

\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_