**First-Eighth Grade New Student Recommendation Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to Christ the King Catholic School for the 2024-2025 school year. Christ the King Catholic School is able to accommodate students with varied ability levels, however, the school has limited support resources for students with remedial, emotional, or behavioral issues. The information provided on this form will be used to determine acceptance to Christ the King Catholic School.

Christ the King Catholic School has my permission to receive the information requested on this Recommendation Form.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Recommendation Form must be kept confidential. Please mail, fax, or email to:**

Christ the King Catholic School

Attn: Admissions

1551 E. Dana Ave.

Mesa, AZ 85204

Phone: (480) 844-4480

Fax: (480) 844-4498

[LBrennan@ctk-catholicschool.org](mailto:LBrennan@ctk-catholicschool.org)

Current grade: \_\_\_\_ Recommended grade for 2024-25: \_\_\_\_ Total years of attendance: \_\_\_\_

Has the student been recommended for or identified as needed the following? (check all that apply)

\_\_\_\_\_ psychological testing

\_\_\_\_\_ counseling

\_\_\_\_\_ special education

\_\_\_\_\_ grade retention

\_\_\_\_\_ speech therapy

\_\_\_\_\_ gifted program

If any of the above were checked, please explain further:

**Please describe the student’s behavior and study habits by completing the table below:**

|  | Always | Sometimes | Seldom | Never |
| --- | --- | --- | --- | --- |
| Completes assignments on time |  |  |  |  |
| Works up to his/her ability |  |  |  |  |
| Is respectful to adults/authority figures |  |  |  |  |
| Is respectful to other students |  |  |  |  |
| Follows school rules |  |  |  |  |

**Please rate the following areas using the scale below:**

1= Outstanding 2= Above Average 3= Average/Satisfactory

4= Below Average 5= Poor/Unsatisfactory N/A= Not Applicable

| Reading |  | Science |  | Technology |  | Physical Education |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Writing |  | Social Studies |  | Art |  | Music |  |
| Spelling |  | Math |  | Foreign Lang. |  | Religion |  |

How would you describe the degree of this student’s parental support?

Have the parents cooperated with school policies and teacher recommendations?

Based on your knowledge and experience with the student, would you recommend him/her for a rigorous academic setting?

Is there any other additional information you’d like to share?

Signature of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_