

(Photograph)

Recommended to be filled out by your last principal

Name of Student: _____

Name school: _____

Address of school: _____

Name of Principal: _____

Please indicate your opinion of this student by shading the appropriate circle for each characteristic given below

Characteristics	Excellent	Good	Satisfactory	Unsatisfactory		
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Attitude of Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Ability to do Secondary work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Academic Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Deportment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Industriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
General Health Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Courtesy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Genuineness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Ability to get along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Leadership ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
All Round Promise as a Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Personal Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Positive Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Does the Applicant, to your knowledge, use:	Tobacco?		Alcohol?		Illegal drugs?	
	Yes	No	Yes	No	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For how long have you known the applicant? _____

Please give any information that may be helpful in assessing the individual.

Date: _____ Principal's Signature: _____

For Official Use Only

Student Accepted : ☐ : Not Accepted : ☐

Date Considered: _____ Form Placement: _____

Comments: _____

Principal's Signature: _____