

APPLICANT EVALUATION

The **Evaluation** is to be completed by the principal, guidance counselor, seventh or eighth grade teacher of the applicant's most recent school. The evaluator will mail this **confidential** evaluation directly to Mount Saint Joseph Academy. It is not acceptable for a parent to "hand carry" or mail this form to Mount Saint Joseph Academy. The Admission Committee cannot act until this information has been received.

Name of Applicant _____
First Last

This student is seeking admission to Mount Saint Joseph Academy, an independent day school for girls. The school curriculum is college preparatory. The inherent features of life at an independent day school require that all students be of good character and capable of adjusting amicably to their peers.

We would appreciate your observations about the areas listed below. In making the ratings, please check the single most appropriate box.

	Outstanding	Very Good	Good	Fair
Intellectual Ability				
Academic Achievement				
Seriousness of Purpose				
Effective Work Habits				
Motivation				
Integrity				
Leadership				
Concern for Others				
Emotional Stability				
Self-confidence				
Maturity				

- Would the applicant be in good standing and be eligible to re-enter school if you offered the next grade level? YES NO
- Has any disciplinary action ever been taken regarding this applicant? YES NO
- Has the applicant any physical, social, or emotional limitations? YES NO
- Are the applicant's parents cooperative? YES NO

Mail Evaluation to:

Mount Saint Joseph Academy
 Director of Admission
 120 W. Wissahickon Avenue
 Flourtown, PA 19031

Phone: (215) 233-9133
 Fax: (215) 233-5887

Please forward to MSJA by 11/2/16

(over)



APPLICANT RECOMMENDATION

The **Recommendation** is to be completed by the principal, guidance counselor, seventh or eighth grade teacher of the applicant's most recent school. The evaluator will mail this **confidential** recommendation directly to Mount Saint Joseph Academy. It is not acceptable for a parent to "hand carry" or mail this form to Mount Saint Joseph Academy. The Admission Committee cannot act until this information has been received.

(Attach additional sheet if necessary.)

Name of Applicant _____
First Last

Please feel free to write whatever you think is important about this applicant, including a description of academic and personal characteristics. We are particularly interested in the applicant's intellectual promise, motivation, relative maturity, integrity, leadership potential, capacity for growth, and special talents. We welcome information that will help us to differentiate this applicant from others. If you would prefer to attach a computer-generated recommendation in lieu of a handwritten one, please feel free to do so.

I do not wish to complete this recommendation and prefer to confer with the Mount Director of Admission.

Date Signature Title Daytime Telephone

School

School Address

Mail Recommendation to:

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