



**Recommendation Form**

\_\_\_\_\_ has applied for admission to Bishop John J. Snyder High School. We are interested in knowing as much as possible about this applicant and appreciate your assistance. This recommendation is an important part of the decision process and is kept completely confidential.

**To be completed by Principal, Dean of Students,  
Guidance Counselor or Teacher who knows the student**

Is the applicant a student in good standing at your school?  Yes  No (please explain)

Has the applicant ever been on disciplinary probation or been suspended while enrolled in your school?  Yes (please explain)  No

Would this student be permitted to re-enroll in your school next year?  Yes  No (please explain)

Does this student have any special academic needs (i.e. oral exams, tutoring); any learning disorders?  Yes (please explain)  No

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Academic Potential				
Academic Achievement				
Character / Conduct				
Overall Potential				

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please return this evaluation to:**

**Admissions Office  
Bishop John J. Snyder High School  
5001 Samaritan Way  
Jacksonville, FL 32210  
Phone: (904) 908-8964  
Fax: (904) 908-8988**