Admissions Office
235 Baker Street
West Roxbury
Massachusetts
02132-4395
PH: 617-469-8019
FAX: 617-325-0888

Apply online:
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Catholic Memorial School

Personal Recommendation

(Optional)

Grade applying to: _____

To be completed by Student

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Current grade _____ Current school _____

This recommendation is to be completed by an adult of your choice. You may choose any adult you feel knows you well. For example, many candidates ask a teacher, a coach, community member, or an employer to write on their behalf.

This recommendation is not a requirement for admission to Catholic Memorial, but we do encourage you to submit it as it may strengthen your overall application.

To be completed by the Recommender

To the recommender:
The above-named student has applied to Catholic Memorial School. It is important to the Admissions Committee that you provide an objective, honest assessment of this student's talents and capabilities. *The student's parents have waived the right to access this document.*Catholic Memorial receives many applications and we give strong consideration to your recommendation in our selection process. We appreciate the time you are devoting to this student. **Please return this form *directly* to Catholic Memorial School, Admissions Office, 235 Baker Street, West Roxbury, MA 02132-4395.**

How long have you known the student and in what capacity?

Using the space below, please share your thoughts on the above-named student. Please focus on his character, integrity, work ethic, personality, and potential. You may also comment on any particular qualities, talents, or abilities you know the applicant to possess.

Thank you for your time and effort in this important part of the Catholic Memorial School application process.

Signature Date

Name Telephone

Name of Institution Email

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