

Please list extraordinary health problems: _____

Please list any disabilities which could affect the applicant's performance:

Have you any reason to doubt the applicant's integrity? _____ If yes, please explain:

Has the applicant's home environment been a positive force in his/her development?
Please explain:

If this student were to re-apply to your school, would you grant acceptance? _____

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Please check two of the following, if applicable:

- _____ Parents/Guardians meet financial obligations
- _____ Parents/Guardians have difficulty meeting financial obligations
- _____ Parents/Guardians fail to meet financial obligations
- _____ Parents/Guardians support school sponsored activities
- _____ Parents/Guardians do not support school sponsored activities

Form completed by: _____
Name (Please print) Title

Signature: _____

Phone number where you may be reached during the day: () _____