

Bishop McLaughlin Catholic High School

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Principal Recommendation Form

Please print information clearly

To the Parents of the Applicant:

Please forward this recommendation form to the Principal in your child's current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement included below.

I understand that this recommendation is confidential and I hereby waive any rights I may have to review its contents.

Student Name: _____

Home Phone Number: _____

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Parent Email Address: _____

To the Principal:

Please check the appropriate recommendation for the family of the student applying for admission to Bishop McLaughlin Catholic High School. Thank you for your cooperation and invaluable information.

_____ This family is supportive of the mission and values of Catholic Education.

_____ This family has not been supportive of the mission and values of Catholic Education.

_____ This family is involved in the student's education and academics.

_____ This family is supportive in the mission and beliefs of the school.

_____ This family is involved in our school's parent community

_____ This family is current in their financial obligation to the school.

Have any modifications been made in this student's academic program?

Yes _____ No _____

If yes, what modifications? _____

Name of School: _____

Name of Principal: _____ Signature: _____

If you wish to make additional comments, please use the reverse side of this form.

We appreciate your time in the completion of this form. Thank you.

Please Mail To: Enrollment Director, Bishop McLaughlin Catholic High School, 13651 Hays Road, Spring Hill, FL 34610