



Sherman Oaks, CA 91423

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# ACADEMIC/CHARACTER REFERENCE

(For applicants entering grades 1-8)

As part of the admission process at St. Francis de Sales School, we must receive a candid assessment of the applicant.

**Section A** of this form should be filled out by a parent or guardian and **Section B** should be filled out by an administrator or teacher at your school who knows your child well.

## Section A (To be completed by the applicant's parent/guardian)

TO PARENT/GUARDIAN: Please complete this section and then email or send it to the administrator or teacher at your child's current school to complete Section B.

Name of Applicant: \_\_\_\_\_

Candidate for Grade: \_\_\_\_\_ (In September)

\_\_\_\_\_  
(School Name)

\_\_\_\_\_  
(Street address / City / State / Zip)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please type your name, add a digital signature, or print and sign)*

## Section B (To be completed by administration or teacher at applicant's current school)

TO THE PRINCIPAL OR TEACHER: Thank you for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant's personal character and academic credentials.

Please email this completed form along with a copy of the applicant's most recent report card to: [admissions@stfrancisds.org](mailto:admissions@stfrancisds.org)

Alternatively, you may mail it to:  
St. Francis de Sales School  
13368 Valleyheart Dr.  
Sherman Oaks, CA. 91423  
Admissions

ACADEMIC ASSESSMENT	Excellent	Good	Average	Below Average
Motivation				
Creative Qualities				
Self-Discipline				
Growth Potential				
Achievement				
Attendance at School				

**CHARACTER ASSESSMENT**                      Excellent                      Good                      Average                      Below Average

Leadership

Self-Confidence

Concern for Others

Emotional Maturity

Personal Initiative

Reaction to Setbacks

Respect for Faculty

Ability to work with others

General Conduct

**Please list any known health problems:**

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**    Yes                      No

Communicates openly with school

Cooperates with classroom teachers

Participates in school activities

Cooperates with administration

Follows the rules and policies of the school

Has realistic expectations for their child

Meets financial obligations in timely manner

**Would you grant acceptance if the student were to reapply to your school?    Yes                      No**

School Name \_\_\_\_\_

Street address / City / State / Zip: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*(Please type your name, add a digital signature, or print and sign)*