

COYLE AND CASSIDY HIGH SCHOOL

Recommendation Form

_____		_____
LAST NAME	FIRST NAME	NAME OF CHURCH/SYNAGOGUE
_____		_____
STREET ADDRESS		CITY & STATE/SYNAGOGUE LOCATED
_____		_____
CITY	STATE	ZIP
_____		_____
		DENOMINATION

Dear Pastor/Minister/Rabbi:

The above named student from your congregation has initiated the application process to attend Coyle and Cassidy High School. It would help us in the decision-making process if you could share some comments about this student.

We are grateful for your support of Coyle and Cassidy High School and the time and effort you are taking to complete this form. I welcome the opportunity to speak with you concerning any of these young people. Again, thank you for providing us with this needed information.

Sincerely,

Mary Patricia Tranter, Ph.D.
President

- _____ Student is a member of this congregation
- _____ Student is involved in youth activities
- _____ Student is involved in worship services; e.g. reader, alter person, etc.
- _____ Family is involved in congregational organizations

Additional comments: _____

- _____ I recommend this candidate for admission to Coyle and Cassidy High School
- (circle one) Enthusiastically Strongly No Basis
- Fairly Strongly With Reservation
- _____ I do not recommend this candidate for admission to Coyle and Cassidy High School

_____ SIGNATURE