



THE JOHN CARROLL SCHOOL

703 E. Churchville Road | Bel Air, MD 21014
410.838.8333 | Fax 410.836.8514

Request for Records

FOR STUDENTS FROM NON-CATHOLIC SCHOOLS ONLY

Please print and complete both sides of all forms. Name should be as it appears on birth certificate.

Name of Student _____ Grade _____

PARENTS, PLEASE SIGN BELOW AND GIVE THIS FORM TO YOUR CHILD'S GUIDANCE OFFICE.

I give permission for copies of my son's/daughter's grades and standardized test scores to be sent to The John Carroll School.

Signed _____ Date _____

Teacher Comment Form

Current Teacher: _____ Course Taught _____

Please rate the applicant in all categories and answer the questions below.

Academic Qualities of the Student:

WORK ETHIC:	<input type="checkbox"/> exceptional	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average
ACADEMIC ABILITY:	<input type="checkbox"/> exceptional	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average
WRITING ABILITY:	<input type="checkbox"/> exceptional	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average
ORAL EXPRESSION:	<input type="checkbox"/> exceptional	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average

Please rate how often the student demonstrates the following characteristics:

WORKS WELL WITH PEERS:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
PARTICIPATES IN DISCUSSION:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
FOLLOWS DIRECTIONS:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
RESPONDS WELL TO FEEDBACK:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
MATURITY FOR AGE:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
CONSIDERATION FOR OTHERS:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
HEALTHY PEER RELATIONSHIPS:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
EMOTIONAL STABILITY:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
SELF-CONFIDENCE:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
INTEGRITY:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
APPROPRIATE BEHAVIOR:	<input type="checkbox"/> almost always	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely

Teacher Comment Form (continued)

What are the first words that come to your mind when you think of this student?

In a brief response, please describe the overall experience of having this child in your class.

Do you have any additional information that might be helpful in the evaluation of this student?

School Official completing this form

☐ Check here to confer with an admissions officer

Name _____ Position _____

Signature (required) _____ Date _____

School Address _____

Phone _____

Please email this completed form along with copies of the applicant's 6th, 7th, and most recent 8th grade report cards, and record of standardized test scores to: admissions@johnncarroll.org.

Application Deadline: December 15, 2023 for incoming 9th graders