



Application for Admission

CONFIDENTIAL TEACHER QUESTIONNAIRE

Applicant's Name: _____

To be completed by the applicant's teacher. (Attach more pages if needed)

*The student mentioned above has applied for admission to **Holy Spirit Academy**. Your honest assessment of this student will help us make a more informed decision regarding his/her admission. Please take a few minutes to share some information with us. This form will be kept confidential and will not be shared with the student or his/her family.*

1) Please tell us how long you've known the applicant and what subject(s) you taught him/her.

2) Please describe the applicant's academic strengths and weaknesses.

3) Please describe the applicant's character and behavior in your class.

4) How would you describe the applicant's study habits, diligence, and willingness to learn?

Your Name: _____ **School Name:** _____

Title: _____ **Address:** _____

Signature: _____ **Date** _____

Please return this form to the address below at your earliest convenience:

**Holy Spirit Academy
1001 East Seventh Street, Suite 1
Monticello, MN 55362**

**Phone: 763-220-2402
E-mail: office@holyspiritacademy.org**