



Application for Admission / **Recommendation Form**

To the applicant, please complete information below and then give this form to a person whom you believe knows you best. Attach a stamped envelope addressed to:

Director of Admissions
Xavier High School
181 Randolph Road
Middletown, CT 06457

Applicant Name _____

Applicant Address _____

Current School _____

School City _____

To the recommender, recommendations are an important piece of the application to Xavier. We appreciate your assistance in helping us evaluate this candidate. This recommendation will remain confidential. Please submit this form by November 27, 2017.

Recommender's Name _____

Recommender's Title _____

How long have you known this student? _____

In what capacity? _____

What are the first words that come to mind to describe this student?

What are the student's strengths?

