



**Bishop Fenwick High School**  
**Admissions Office**  
**99 Margin Street, Peabody, MA 01960**  
**978-587-8360**

## School Recommendation Form

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

**Address:** \_\_\_\_\_

No.                      Street    City    Zip

**The above named student is applying to Bishop Fenwick High School for the coming year. This recommendation is to be given by the principal, teacher or counselor.**

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**With Enthusiasm**     **Recommend**     **With Reservation**     **Do Not Recommend**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

Please check if you wish to be called to discuss the applicant.