



BISHOP CHATARD HIGH SCHOOL

5885 Crittenden Ave., Indianapolis, IN 46220 • 317-251-1451 • 317-254-5427 (fax)

DISCIPLINE RECOMMENDATION FORM

TO: _____
Name of School

I, _____ have applied for admission to Bishop Chatard High School. You are hereby authorized to release the information requested below.

Student _____ Parent _____
Signature Signature

1. Period of time in question _____ to _____

2. Attendance Record: Days absent _____

3. Class Attendance: Does the student have any record of class cuts during this time? _____
If so, how many classes? _____

4. Discipline: Are there any notations on the student's disciplinary record of the following problems? (If so, please explain)

	YES	NO
Truancy	_____	_____
Falsifying information, notes, etc.	_____	_____
Drug or alcohol violations	_____	_____
Major misconduct (fighting, stealing, etc.)	_____	_____
Excessive Detentions	_____	_____
Other problems (explain below)		

5. Do you know of any reason this student should not be accepted at Bishop Chatard High School? _____ Explain _____

Date _____ Signature of School Official _____
Title _____