



CHESTERTON ACADEMY OF DIVINE MERCY

Application for Admission Teacher or Adult Mentor Questionnaire (Confidential)

Name of Applicant: _____

To be completed by the applicant's teacher or mentor. (Please attach more pages if needed)

The student mentioned above has applied for admission to Chesterton Academy of Divine Mercy. 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 their family.

1) Please tell us how long you've known the applicant and which subject(s) you taught or activities you have coached/mentored them in.

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

3) Please describe the applicant's character and behavior in your class or team/organization.

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

Your Name _____ School/Organization _____

Title _____ Phone _____

Signature _____ Date _____

– PLEASE RETURN ALL FORMS TO THE ADDRESS BELOW –