



CHESTERTON ACADEMY
A CLASSICAL HIGH SCHOOL IN THE CATHOLIC TRADITION

Application for Admission

Confidential Teacher Questionnaire

Name of Applicant: _____

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

The student mentioned above has applied for admission to Chesterton 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 their family.

1) Please tell us how long you've known the applicant and which subject(s) you taught.

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 _____

Title _____

Address _____

Signature _____

Date _____

- PLEASE RETURN ALL FORMS TO THE ADDRESS BELOW -

P.O. BOX 410410 | ST. LOUIS, MO 63141 | 314.384.9504 | CHESTERTONACADEMYSTL.ORG