

Why do you want to be a part of the AP® program here at ACS? (Attach extra sheets if necessary.)

Two Teacher Referrals Required:

1. Teacher Name: _____ Taught student which course: _____
(Please Print)

Please rate this student on the following criteria:

Quality	Rating				
	Never	Rarely	Sometimes	Often	Always
Has superior academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a well-established work ethic and willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays consistent personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Signature

Date: _____

2. Teacher Name: _____ Taught student which course: _____
(Please Print)

Please rate this student on the following criteria:

Quality	Rating				
	Never	Rarely	Sometimes	Often	Always
Has superior academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a well-established work ethic and willingness to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays consistent personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Signature

Date: _____

Signatures:

Student Signature

Date: _____

Parent/Guardian Signature

Date: _____

Please submit this registration form to the Assumption College School Student Services office.