



**ENGLISH  
CONFIDENTIAL EVALUATION FORM  
Paper work deadline is January 26,2018**

**THIS SECTION IS COMPLETED BY A PARENT OF THE STUDENT APPLICANT**

**PARENTAL PERMISSION FOR RELEASE OF INFORMATION:** I hereby give my permission for the elementary/middle school to send student information to the requested Catholic high schools. I waive my right to view these records.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_  
LAST
FIRST
MIDDLE

**HOME ADDRESS:** \_\_\_\_\_  
STREET
CITY
STATE
ZIP

**EMAIL ADDRESS:** \_\_\_\_\_ **HOME PHONE:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**SCHOOL NOW ATTENDING:** \_\_\_\_\_  
NAME OF SCHOOL
CITY

**DATE ENTERED CURRENT SCHOOL (Month/Year)** \_\_\_\_\_

**TO THE ENGLISH TEACHER:**

This form is to be completed by a school official and returned directly to each high school. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will **not** become part of the student’s cumulative folder. Therefore, this form will **not** be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student’s acceptance. Please provide information which you think should influence our decision, i.e. gifts, talents, abilities in/outside of the classroom, and/or any challenges or difficulties the student might have faced. We appreciate your honesty and your effort.

**POSITION OF PERSON COMPLETING FORM:**

\_\_\_ **ENGLISH/LANGUAGE ARTS TEACHER**    \_\_\_ **OTHER (specify)** \_\_\_\_\_

**PRINTED NAME OF PERSON COMPLETING EVALUATION:** \_\_\_\_\_

**EMAIL ADDRESS OF PERSON COMPLETING EVALUATION:** \_\_\_\_\_

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SCHOOL ADDRESS** \_\_\_\_\_  
STREET
CITY
ZIP CODE

NAME OF APPLICANT: \_\_\_\_\_  
   LAST  FIRST  MIDDLE

**Confidential Common Evaluation Form**

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO RESPOND
MOTIVATION:					
SENSE OF RESPONSIBILITY:					
PERSONAL RELATIONSHIPS:					
INITIATIVE AND LEADERSHIP:					
COOPERATION/EFFORT					
GENERAL CONDUCT/BEHAVIOR					
WORK AND STUDY HABITS					
INTEGRITY					
DEMONSTRATION OF FAITH					

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN EVALUATING THIS STUDENT:

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**RECOMMENDATIONS**

	STRONGLY RECOMMEND	RECOMMEND	RECOMMEND WITH RESERVATIONS	DO NOT RECOMMEND (Please explain)	SPECIAL CIRCUMSTANCE
ACADEMICALLY					
OBSERVED CHARACTER					
OVERALL					

PRINTED NAME OF PERSON COMPLETING EVALUATION: \_\_\_\_\_ POSITION \_\_\_\_\_



## MATH CONFIDENTIAL EVALUATION FORM

Paper work deadline is January 26, 2018

### THIS SECTION IS COMPLETED BY A PARENT OF THE STUDENT APPLICANT

**PARENTAL PERMISSION FOR RELEASE OF INFORMATION:** I hereby give my permission for the elementary/middle school to send student information to the requested Catholic high schools. I waive my right to view these records.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_  

LAST
FIRST
MIDDLE

**HOME ADDRESS:** \_\_\_\_\_  

STREET
CITY
STATE
ZIP

**EMAIL ADDRESS:** \_\_\_\_\_ **HOME PHONE:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**SCHOOL NOW ATTENDING:** \_\_\_\_\_  

NAME OF SCHOOL
CITY

**DATE ENTERED CURRENT SCHOOL (Month/Year)** \_\_\_\_\_

### TO THE MATH TEACHER:

This form is to be completed by a school official and returned directly to each high school. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will not become part of the student's cumulative folder. Therefore, this form will not be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student's acceptance. Please provide information which you think should influence our decision, i.e. gifts, talents, abilities in/outside of the classroom, and/or any challenges or difficulties the student might have faced. We appreciate your honesty and your effort.

**POSITION OF PERSON COMPLETING FORM:**

\_\_\_ **MATH TEACHER (Text Book)** \_\_\_\_\_ \_\_\_ **OTHER (specify)** \_\_\_\_\_

**PRINTED NAME OF PERSON COMPLETING EVALUATION:** \_\_\_\_\_

**EMAIL ADDRESS OF PERSON COMPLETING EVALUATION:** \_\_\_\_\_

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SCHOOL ADDRESS** \_\_\_\_\_  

STREET
CITY
ZIP CODE

NAME OF APPLICANT: \_\_\_\_\_  
 LAST FIRST MIDDLE

### Confidential Common Evaluation Form

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO RESPOND
MOTIVATION:					
SENSE OF RESPONSIBILITY:					
PERSONAL RELATIONSHIPS:					
INITIATIVE AND LEADERSHIP:					
COOPERATION/EFFORT					
GENERAL CONDUCT/BEHAVIOR					
WORK AND STUDY HABITS					
INTEGRITY					
DEMONSTRATION OF FAITH					

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN EVALUATING THIS STUDENT:

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**RECOMMENDATIONS**

	STRONGLY RECOMMEND	RECOMMEND	RECOMMEND WITH RESERVATIONS	DO NOT RECOMMEND (Please explain)	SPECIAL CIRCUMSTANCE
ACADEMICALLY					
OBSERVED CHARACTER					
OVERALL					

PRINTED NAME OF PERSON COMPLETING EVALUATION \_\_\_\_\_ POSITION \_\_\_\_\_