



St. John Paul II  
STEM Academy  
At Bellarmine-Jefferson

# ARCHDIOCESE OF LOS ANGELES

## Confidential Common Evaluation Form

### For Students Applying to a Catholic High School

#### 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 PRINCIPAL, ENGLISH TEACHER, AND 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.



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

LAST

FIRST

MIDDLE

POSITION OF PERSON COMPLETING FORM:

PRINCIPAL

ENGLISH/LANGUAGE ARTS TEACHER

MATH 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

### 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					



**RECOMMENDATIONS**

	<b>RECOMMEND</b>	<b>RECOMMEND</b>	<b>RECOMMEND WITH RESERVATIONS</b>	<b>DO NOT RECOMMEND (Please explain)</b>	<b>SPECIAL CIRCUMSTANCE</b>
<b>ACADEMICALLY</b>					
<b>OBSERVED CHARACTER</b>					
<b>OVERALL</b>					

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

