

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.

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

