



ST. CATHERINE'S ACADEMY

OFFICE OF ADMISSIONS

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A Boys' Catholic School with a Military Tradition

PRINCIPAL EVALUATION

Student's Complete Name: _____ Current Grade: _____ Grade applying for: _____

Name of Parent Completing this Form: _____ Signature: _____

Relationship to Student: _____ Phone Number: _____ Date: _____

Waiver of Access

By signing below, I/We give permission for the evaluator to release information to SCA. I/We understand that we will not have access to this form and or/ the admissions file before/ after the admissions decision is made. I/ We understand that this forms is confidential and will not be part of our son's permanent record. I/ We release every person and institution from any and all liability resulting or pertaining to the furnishing of records, documents, and other important provided to SCA for that purpose.

Father/Legal Guardian Signature Mother/ Legal Guardian Signature Today's Date

Dear Principal: The above student is applying for admissions to St. Catherine's Academy. Please complete the front and back side of this form and send it directly to St. Catherine's Academy or you can hand it to the applicant's parent in a sealed envelope. Your candid evaluation about the applicant is appreciated. This evaluation forms will be reviewed only by the Admissions Committee and will remain confidential. Thank you.

Please mark the category that best described this student.

	Truly Outstanding	Above Average	Average	Below Average	Poor	No Basis for Judgement
Students overall academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's general behavior in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does This Student Need English as a Second Language Lessons? Yes No

Has this student been suspended or dismissed from your school? No Yes

If yes, please explain: _____

Please mark the category that best described the parents.

	All of the time	Most of the time	Sometimes	Never
Parents Cooperation with school rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents cooperation with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Involvement in school functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any significant health/physical issues that might affect his performance at school?

Does this student have significant behavioral or personality problems?

Are you aware of any significant home conditions likely to affect his performance at school?

Does this student have unsatisfactory attendance?

Principal Recommendation:

- Highly Recommend Recommend with Confidence Do Not Recommend

Please provide any additional insight about the applicant that will guide the admissions Committee:

Principal Name: _____ Signature: _____ Date: _____

Name of School: _____

School Address: _____ School Phone: _____

Thank you for completing this recommendation.