Bishop Mora Salesian High School
College Preparatory

Parental Release of Information: I hereby give my permission for the elementary/middle school to send student information to the requested Catholic high school. I waive my right to view these records.

Student Applicant Name________________________________________

Current School________________________________________________

Parent/Guardian Printed Name___________________________________

Parent/Guardian Signature_______________________________________

Date__________________________________________________________

The following documents must be submitted for complete application submission:

   Principal Recommendation

   Teacher Recommendation

   ITBS/STAR testing Results

   6th, 7th, 8th grade Transcript

Please forward all documents via mail or fax to:

Bishop Mora Salesian High School
Office of Admissions
960 South Soto Street
Los Angeles, CA 90023
Fax: (323) 261-7600
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 __________
NAME OF APPLICANT: ___________________________  LAST  FIRST  MIDDLE

Confidential Common Evaluation Form

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<th>STUDENT RATING</th>
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<th>AVERAGE</th>
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<td>SENSE OF RESPONSIBILITY:</td>
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PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN EVALUATING THIS STUDENT:

RECOMMENDATIONS

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<th>DO NOT RECOMMEND (Please explain)</th>
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PRINTED NAME OF PERSON COMPLETING EVALUATION: ____________________________  POSITION___________

07/14