

DUE DATE: **February 1, 2019**

STUDENT IS APPLYING FOR GRADE

9 10 11 12

*This form is confidential and will be used solely for admissions and placement;
It includes common admissions questions developed by Catholic high schools in the Archdiocese of Seattle.
Only the transcript will become part of the student's permanent record.*

APPLICANT: Please complete this page and give the entire form to your current Principal / Counselor. He/She will return it directly to Seton Catholic College Preparatory.

TO BE COMPLETED BY APPLICANT

Student Name _____

Last

First

Middle

Preferred

Address _____

Street

City

State

Zip

Home Phone _____

Gender: F

M

Birth Date _____

Current School _____

Current Grade Level _____

Parent/Guardian _____

Phone (H) _____

(W) _____

Parent/Guardian _____

Phone (H) _____

(W) _____

I hereby give permission for this evaluation to be forwarded to Seton Catholic College Preparatory

Parent/Guardian Signature _____

Date _____

TO BE COMPLETED BY PRINCIPAL / COUNSELOR

Name of person completing form _____

Email _____

School _____

Telephone _____

How long have you known applicant _____

Any significant health or physical disabilities: Yes No

Any significant behavior or personality problems: Yes No

Any significant attendance problems: Yes No

If yes to any of the above questions, please use the other side of form to explain.

Please circle type of program for this student: College Preparatory Regular Special Needs

Any outstanding talents (list): _____

Student Name _____

School _____

What school activities has this student been involved with in the past two years: _____

Please give your realistic appraisal of the student's academic strengths/weaknesses and work ethic. Indicate any unique talents, personal qualities, special circumstances, or special accommodations needed in the classroom:

I recommend this Student for Seton Catholic Prep (Circle the Best Match):

enthusiastically

with confidence

with reservations

not at all

I would like a telephone conference to provide further information: Yes No

Best time to call _____

Phone number to call _____

Signature _____ Date _____

**Please return Evaluation form to:
Seton Catholic College Preparatory
Admissions Office
9000 NE 64th Avenue
Vancouver, WA 98665
Phone: (360) 258-1932 ~ Fax: (360) 258-1936
Email: kkutch@setonhigh.org**