



SAN GABRIEL
MISSION
HIGH SCHOOL

254 S. SANTA ANITA ST., SAN GABRIEL, CA 91776
(626) 282-3181 | admissions@missionpioneers.org

ARCHDIOCESE OF LOS ANGELES

Confidential Common Evaluation Form
For Students Applying to a Catholic High School

TIME SENSITIVE

PLEASE RETURN FORM TO FAMILY OR SGMHS ONCE COMPLETED

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

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					

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

RECOMMENDATIONS

	STRONGLY RECOMMEND	RECOMMEND	RECOMMEND WITH RESERVATIONS	DO NOT RECOMMEND (Please explain)	SPECIAL CIRCUMSTANCE
ACADEMICALLY					
OBSERVED CHARACTER					
OVERALL					

PRINTED NAME OF PERSON COMPLETING EVALUATION: _____ POSITION _____