# St. Bonaventure High School - Student Program

Confidential Evaluation Form

**THIS SECTION IS COMPLETED BY A PARENT OF THE STUDENT APPLICANT**

**PARENTAL PERMISSION FOR RELEASE OF INFORMATION:** I hereby give my permission for the middle school or high school to send student information to Saint Bonaventure High School. 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:**

**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 St. Bonaventure 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 (One from each must be submitted):**

**ADMINISTRATION ENGLISH/LANGUAGE ARTS TEACHER**

**MATH TEACHER**

**PRINTED NAME OF PERSON COMPLETING EVALUATION:**

**EMAIL ADDRESS OF PERSON COMPLETING EVALUATION:**

**SIGNATURE REQUIRED: DATE:**

**SCHOOL: PHONE:**

**SCHOOL ADDRESS STREET CITY ZIP CODE**

3167 Telegraph Road, Ventura, California 93003 • Phone: (805) 648-6836 • Fax: (805) 648-4903

**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:**