

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**