

***Saint Mary's College High School
2009 - 2010***

If the applicant currently attends a Catholic elementary school, please:

- Print this entire packet.
- Date and sign the parent authorization.
- Print the applicant's name on both forms. On the Confidential Recommendation Form, please check the appropriate boxes for each high school that your child has applied to. Submit the original forms to your child's school office. Your child's school will complete and forward the requested information to Saint Mary's ***by the deadline date of February 5, 2010.***

Necessary Forms that will print with this packet:

- 1. Oakland Diocese Grade Report Form**
- 2. Oakland Diocese Confidential Recommendation Form (2 sided)**



Secondary Schools of the Oakland Diocese Grades Request Form

Student Name: _____

Present School: _____ # of Years _____ Previous School _____
(Grades 5 – 8 only)

School Phone: () _____ Ext. _____

Date: _____

Directions: Please complete this form by filling in the information requested. Keep the original for your files and make copies to be sent to the Catholic Secondary Schools. **Do not send transcripts/report cards.** Please complete this form:

| Subject | Grade Seven | | | | | Grade Eight | | | | |
|------------------|--------------------------|-----------------|-----------------|-----------------|------|--------------------------|-----------------|-----------------|-----------------|------|
| | Quarter/Trimester Grades | | | | | Quarter/Trimester Grades | | | | |
| | 1 st | 2 nd | 3 rd | 4 th | Year | 1 st | 2 nd | 3 rd | 4 th | Year |
| Religion | | | | | | | | | | |
| Mathematics | | | | | | | | | | |
| Reading | | | | | | | | | | |
| English | | | | | | | | | | |
| Spelling | | | | | | | | | | |
| Science/Health | | | | | | | | | | |
| Social Studies | | | | | | | | | | |
| Foreign Language | | | | | | | | | | |
| Music | | | | | | | | | | |
| Art | | | | | | | | | | |
| Effort | | | | | | | | | | |
| Conduct | | | | | | | | | | |
| Days Absent | | | | | | | | | | |
| Days Tardy | | | | | | | | | | |

(Report National Percentiles)

| Grade | Date | Name of Test | Reading | Math | Language Arts | Composite % |
|-----------------|------|--------------|---------|------|---------------|-------------|
| 8 th | | | | | | |
| 7 th | | | | | | |

Indicate if special circumstances were used for standardized testing

Are the test scores an accurate reflection of the student's ability? Yes No

Please indicate 8th grade level of math:

Math 8 Pre-Algebra Algebra I (location: _____)

Name of current math text and publisher: _____

Math Placement Recommended

- Intro to Algebra
- Algebra I
- Geometry
- Other _____

Foreign Language Placement Recommended

- 1st Year 3rd Year
- 2nd Year 4th Year
- Native Speaker

Please indicate language studied: _____

Number of years studied: _____



Secondary Schools of the Diocese of Oakland Confidential Recommendation Form 2009-2010

- | | | |
|--|--|--|
| <input type="checkbox"/> Bishop O'Dowd High School | <input type="checkbox"/> Holy Names High School | <input type="checkbox"/> Saint Joseph Notre Dame High School |
| <input type="checkbox"/> Carondelet High School | <input type="checkbox"/> Moreau Catholic High School | <input type="checkbox"/> Saint Mary's College High School |
| <input type="checkbox"/> De La Salle High School | <input type="checkbox"/> Saint Elizabeth High School | <input type="checkbox"/> Salesian High School |

_____ has applied to the high school(s) checked above.
Applicant's Name (to be filled in by the school official)

Parental Permission for Release of Information: I hereby give my permission for the elementary school to send student cumulative records for my child to the above checked high schools.

Parent/Legal Guardian Signature

Date

- Directions:
1. To be completed collaboratively by the eighth grade team and principal.
 2. Please complete this form and retain the original.
 3. Send photocopies to the school(s) requesting Confidential Recommendation Form & Grades Request Forms.

| <i>ACADEMIC QUALITIES</i> | Excellent | Good | Fair | Below Average |
|----------------------------------|------------------|-------------|-------------|----------------------|
| Study Habits | | | | |
| Motivation | | | | |
| Ability to Learn | | | | |
| Oral Communication Skills | | | | |
| Ability to Work Independently | | | | |
| Ability to Work Cooperatively | | | | |
| Intellectual Curiosity | | | | |
| Attention Span | | | | |

The student is capable of succeeding in a college preparatory curriculum: Yes No

| <i>PERSONAL QUALITIES</i> | Excellent | Good | Fair | Below Average |
|---------------------------------------|------------------|-------------|-------------|----------------------|
| Deals with Personal Conflicts | | | | |
| Self Confidence | | | | |
| Leadership Potential | | | | |
| Concern for Others | | | | |
| Participation in the School Community | | | | |
| Respect for Authority | | | | |
| Creativity | | | | |
| Respect Accorded by His/Her Peers | | | | |

| <i>PARENT INFORMATION</i> | Excellent | Good | Fair | Below Average |
|---|------------------|-------------|-------------|----------------------|
| Commitment of family to Catholic Education | | | | |
| Support of family for school policies | | | | |
| Regularity in meeting financial obligations | | | | |

[OVER]

English Teacher: Please comment on the student's writing ability: i.e., spelling, grammar, paragraph structure, and any outstanding talents or achievements in English.

Math Teacher: Please comment on the student's ability to retain and apply math concepts.

Principal's Responses

1. Please use this space to comment on any of the academic and/or personal qualities marked on the backside of this page or any additional information that will be helpful.

2. Has this student been placed in a special school program? (Gifted student; Accelerated Classes; L.E.P.; Tutorial; Resource Learning or Documented Learning Disability) If yes, please explain.

3. Please comment on the student's discipline and attendance records at your school.

OVERALL RECOMMENDATION

- We strongly recommend this applicant
- We recommend this applicant
- We recommend this applicant with reservations
- We do not recommend this applicant
- Please call the school regarding this applicant and ask for _____

PRINCIPAL ONLY: Is this applicant a FACE recipient? Yes No

Is this applicant a BASIC Fund recipient? Yes No

Is applicant receiving any other financial aid? Yes No

Principal Signature _____

Print Name _____ Phone _____

School _____ Date _____

This report will not be disclosed to the applicant; it will be available only to those involved in our admissions process. It will be destroyed when no longer needed for admissions purposes.