Saint Andrew Catholic School 9990 NW 29th Street

Coral Springs, Fl 33065

Phone (954)753-1280	Fax (954) 753-1933					954) 753-1933
Msgr. Michael Souckar, Pastor						ighes, Principal
School Evaluation	Form for Adm	nission to Gr	ades Ki	nderga	rten through	8 th
Name of Applicant:			Applying for Grade			
This student is seeking admission to please have a teacher or guidance co						
Academic Ability	Outstanding	Excellent	Good	Fair	Poor	
Integrity	Outstanding	Excellent	Good	Fair	Poor	
Conduct and self-discipline	Outstanding	Excellent	Good	Fair	Poor	
Motivation and Effort	Outsta	anding Exc	cellent	Good	Fair	Poor
Attitude and Cooperation	Outstanding	Excellent	Good	Fair	Poor	
Maturity and Stability	Outsta	anding Exc	cellent	Good	Fair Poo	r
Group Participation	Outstanding	Excellent	Good	Fair	Poor	
Responsibility as a Student	Outstanding	Excellent	Good	Fair	Poor	
School Attendance	Outstanding	Excellent	Good	Fair	Poor	
 Does the candidate have any exceptional abilities or needs not covered above? Yes No If yes, please explain 						
 Has the candidate ever been reco Are the parents cooperative and s Is the student in good standing an Yes No If No, pl 	supportive? Ye nd eligible to re ease explain:	es main in your	No school	_ for the r	next grade lev	vel?
5. Has any disciplinary action ever been taken regarding this candidate? Yes No No If Yes, please explain:						
6. Have all family's financial obligation	tions been met?					
Your Name	Position					
School Name	Phone Number					

Upon completion please <u>fax or mail</u> to Saint Andrew Catholic School. Please do not return to parent.

Accredited by the Florida Catholic Conference