



# GOOD SHEPHERD CATHOLIC SCHOOL

148 S. Linden Drive Beverly Hills, California 90212

TEL (310) 275-8601 FAX (310) 275-0366

[www.goodshepherdbeverlyhills.com](http://www.goodshepherdbeverlyhills.com)

## Registration Evaluation Form

**Confidential**

Please send directly to Good Shepherd Catholic School

**Entering 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> Grade**

Your judgements are used solely for the administration process and are held in the strictest confidence.

We thank you in advance for your help in this matter.

Name of student: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School currently attending: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_ Today's date: \_\_\_\_\_

*Please evaluate the student for the following:*

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Language Arts:			
Basic Mechanics			
Sentence Structure			
Grammar			
Critical thinking			
Mathematics:			
Basic Skills			
Analytical Ability			
Word Problems			

*Academic and Character Information:*

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Motivation			
Responsibility			
Relationship with Peers			
Leadership Abilities			
Integrity			
Cooperation			
Work Habits / Effort			
Behavior			

List three words that describe this student: \_\_\_\_\_

List any special needs that this student requires: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

Describe the parent's involvement in student's education: \_\_\_\_\_

\_\_\_\_\_

Number of times absent (first semester): \_\_\_\_\_ Number of times absent (second semester): \_\_\_\_\_

Print your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Your Title / Position: \_\_\_\_\_

Your Relationship to the Student: \_\_\_\_\_