



CATHOLIC SECONDARY SCHOOLS

THE INSTITUTIONAL ADVANCEMENT OFFICE • ADMISSIONS
360 Division Ave S. • Grand Rapids, MI 49503 • (616) 233-5800 •
grcss.org



Catholic Central High School

West Catholic High School

PRINCIPAL INFORMATION FORM

CC WC Both

Please complete this confidential form as accurately as possible and sign at the bottom of this page. This information will be integral in the admissions decision of this student to either Catholic Central or West Catholic High School. Your evaluation is much appreciated. If you have any questions and/or concerns, please contact Jackie at Catholic Central (616-233-5802) or Tammy at West Catholic (616-233-5920). Thank you.

Name of Student _____ Grade _____

Name of person completing form _____

Position _____ E-mail _____

School _____ Phone _____

How many years has the applicant attended your school? _____ This year, how many times has the applicant been absent? ____ Tardy? _____

In the last three years, has the applicant ever been suspended? _____

Expelled? _____ If yes, please explain: _____

Does this student have an IEP/ 504 plan or accommodation plan? No Yes (Please include a copy with this form)

Does the applicant's family meet contractual obligations in a timely fashion? Always Mostly Rarely

Do you expect this student to successfully complete 8th grade by the graduation date? Yes No

COMMENTS (May include additional comments on back of this page) _____

PARENT/GUARDIAN

I hereby give permission for the Principal Evaluation Form to be forwarded to Catholic Central and/or West Catholic High Schools. Please check one:

_____ This evaluation is to be considered non-confidential. The evaluation may be shown to me upon request after the completion of the admission decision.

_____ This evaluation is to be considered confidential. I hereby waive my right to review under the provisions of the Family Educational Rights and Privacy Act of 1974, and I understand that the contents of this evaluation will not be available for my inspection now or at any time in the future.

Parent Signature/Date

PRINCIPAL

PRIORITY DATE: January 12, 2012

Recommend with Confidence Recommend with Reservation Do Not Recommend this student for admission to Catholic Central/West Catholic High School.

I have included the following documentation: _____ Principal Evaluation Form
_____ 7th and 8th Grade Report Cards (8th grade 1st semester or 1st trimester)
_____ IEP/504 Plan/Accommodation Plan (if applicable)

Principal Signature/Date

Please return evaluation form to:

Jackie Stetson, Admissions Director
Catholic Central High School
319 Sheldon Blvd, Grand Rapids MI 49503
jackiestetson@grcss.org

Tammy Dykema, Admissions Director
West Catholic High School
1801 Bristol NW, Grand Rapids MI 49504
tammydykema@grcss.org