



# SAINT FRANCIS HIGH SCHOOL

13440 Cogburn Road | Milton, GA 30004  
(678) 339-9989 Ph | (678) 339-0473 F  
www.saintfrancisschools.com



**PRINCIPAL**

Ms. Colette Staak

**HEADMASTER**

Mrs. Linda Crawford

**ATHLETIC DIRECTOR**

Mr. Brandon Bates

**DEANS OF STUDENTS**

Mr. Brad Etter  
Mr. Anthony Cipriani

**CHANCELLOR**

Mr. Drew Buccellato

**ASSOCIATE ATHLETIC DIRECTOR**

Mrs. Aisha Kennedy

**HS ADMISSIONS**

Mr. Brandon Bryan

**BUSINESS OFFICE**

Mr. Jeff Whitehurst

**To Principal/Counselor:**

The attached form is a common evaluation form used by members of Atlanta Area Association of Independent Schools (AAAIS). The purpose of this common form is to make the application process easier for evaluators. When the forms are completed, please keep a copy of each in the student's file. If one or more AAAIS schools request information on a student, you will be able to copy the forms in his/her file and mail them to the school.

The student named on the attached Confidential Common Teacher Evaluation Form has made application for admission to Saint Francis School. Please complete this form and mail it to: Admissions Office, Saint Francis High School, 13440 Cogburn Road, Milton, GA 30004. The information will not be included in the student's permanent file. Please confer with professional colleagues to ascertain information, if necessary. Thank you.

Evaluator's Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Grade Applying for \_\_\_\_\_

**Applicant's Name (First Last):** \_\_\_\_\_

Atlanta Area Association of Independent Schools (AAAIS)  
**Confidential Common Principal/Counselor Evaluation Form**  
**Rising 6<sup>th</sup> through 12<sup>th</sup> Grades**

**Parent/Legal Guardian:** Please fill out this section and deliver this form to your child's guidance counselor or principal along with the transcript request form. Include an addressed and stamped envelope to the school(s) where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office.

Applicant's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Applicant's Current School: \_\_\_\_\_

*To Parent/Legal Guardian:* By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of the Atlanta Area Association of Independent Schools (AAAIS), you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student's permanent academic record.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Principal or Counselor:** Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

How long has the applicant been enrolled in your school? \_\_\_\_\_

Was your school's instruction virtual this year?  Yes  No  Partially (how much?) \_\_\_\_\_

How long and in what capacity have you known this applicant? \_\_\_\_\_

Please comment on the applicant's attitude toward school. \_\_\_\_\_

What is your candid estimation of the applicant's personal qualities? \_\_\_\_\_

Has the applicant been recognized for outstanding academic, athletic, or artistic performance?  Yes  Not to my knowledge

To your knowledge, is the applicant's record a true indication of his/her ability?  Yes  No\*

Have outside circumstances interfered with academic achievement?  Yes\*  No

\*Please explain: \_\_\_\_\_

To your knowledge, has the applicant had a history of serious conduct problems or been expelled or suspended?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the applicant be permitted to re-enroll in your school?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe parental support/involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>PERSONAL CHARACTERISTICS &amp; QUALITIES:</b>				
Attention span	<input type="checkbox"/> Highly focused	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires redirection
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Citizenship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Concern for others	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Occasionally considerate	<input type="checkbox"/> Rarely considerate
Displays appropriate conduct	<input type="checkbox"/> Excellent conduct	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent misconduct
Emotional maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
Integrity	<input type="checkbox"/> Highly trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Usually trustworthy	<input type="checkbox"/> Questionable
Relationships with adults	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Respectful	<input type="checkbox"/> Sometimes respectful	<input type="checkbox"/> Shows little respect
Relationships with peers	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Resilience	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Responsibility	<input type="checkbox"/> Very Responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Self-esteem	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Sense of humor	<input type="checkbox"/> Highly Developed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair humor	<input type="checkbox"/> Poorly developed
Spirit of cooperation	<input type="checkbox"/> Very cooperative	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Occasionally cooperative	<input type="checkbox"/> Rarely cooperative
Warmth of personality	<input type="checkbox"/> Very friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly

How does the applicant demonstrate leadership in your community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any additional information that will be helpful in our decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time and evaluation of this applicant. May we contact you if we have questions?

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Evaluators Signature (please sign and print) Job Title Date