

1. Do you feel this student will be successful at Saratoga Central Catholic? _____

2. Would you recommend this student? _____

a. #1 Recommend with Enthusiasm

b. #2 Recommend

c. #3 Recommend with reservations

d. #4 Not Recommended

e. #5 Other –

Please contact Mrs. Barnes, Director of Guidance/Admissions at Saratoga Central Catholic High School with additional comments.

3. Special Services:

a. Has this student received remediation? _____

b. In what areas? _____

c. Does this student have an IEP/504 Plan? _____

If yes, please state modifications _____

d. Is this student currently receiving AIS? _____

e. Any other special services (i.e. speech)? _____

4. Is this student currently being seen by a medical professional for behavioral issues? _____

Please provide any additional comments you feel would be helpful: _____

It is the policy of Saratoga Central Catholic High School not to accept students who have outstanding financial obligations to their current school. Is there any financial reason we should not begin to process this student's application for admission?

Signature: _____ Date: _____

Position/Title: _____

Thank you for taking the time to complete this form. We value your comments.