SAINT BONAVENTURE HIGH SCHOOL
STUDENT PROFILE

The following information is needed to complete your student's file. It will be available to school administrative personnel only. It is requested to provide accurate information in the event of an emergency, and so that we may better understand your student's needs.

Student's Name_____**Grade**____
First middle last

Please check the appropriate boxes and feel free to write additional comments.

	GOOD	FAIR	POOR	EXPLANATION IF NECESSARY
Maturity				
Honesty				
Dependability at Home				
Cooperation at Home				
Punctuality/School Attendance				
Study Habits				
Vision (Uncorrected)				
Hearing				
Overall Health				
	YES	NO		Reason:
Allergies				
Medications				

Specific health problems:_____

Student's best qualities/hobbies/interests:_____

Reasons for attending St. Bonaventure High School

Please check all that apply:

___Parent Choice ___Friends enrolling ___Religions Training ___Discipline
___Student Choice ___Academics ___Athletics ___Other_____

Does your student know other incoming students or current students at SBHS?_____
Is there any problem of which the school should be aware, please explain on the back of this form. This might include illness, tragedy or setback experienced within the last three years.