



SCHOOL REFERENCE FORM

TO BE COMPLETED BY THE PRINCIPAL/VICE PRINCIPAL/GUIDANCE COUNSELLOR

The parents of _____ have requested a transfer
from _____ to Convent of Mercy Academy 'Alpha'

Please fill out the following form and return it to the Principal of Convent of Mercy Academy 'Alpha' under
CONFIDENTIAL COVER.

1. Name of the student (as it appears on the Birth Certificate) _____
2. Date of Birth of Student (dd/mm/yyyy) _____
3. Name of Parent (s) _____
4. Address of Parent (s) _____
5. Has the student ever been suspended? _____
6. If yes, state reason (s) and number of times _____

7. Has there been any other disciplinary problem with the student? _____
8. If yes, state the nature of the problem _____
9. Is the student a member of any team/club/society? If 'yes', list below _____

10. Has the parent made all financial contributions toward their daughter's education? _____
11. Is/Are the Parent (s) active members of the H.S.A./P.T.A? _____
12. Are there any concerns that the student has learning challenges? Yes _____ No _____

Please rate the student by placing a check mark on the appropriate line

	Excellent	Good	Average	Below Average	Poor	No basis for judgement
Academic Potential						
Academic Achievement						
Emotional Stability						
Behavioural Conduct						
Relationship/Interactions with Teachers						
Relationship/Interactions with peers						
Punctuality to School/Classes						
Attendance to School/Classes						

Is there any other comment you would like to make about the student? _____

Name of Officer completing form: _____ Signature: _____

Position: _____ Date: _____

Telephone Number (s): _____

Place School stamp here _____