

Application for Enrollment Part Two

 ${\it Confidential\ recommendation\ and\ request\ for} \\ {\it school\ records}$

This form is for students applying to Secondary School (IBMYP1 (Age 11) - IBDP2 (Age 18))

To parent/guardian: Please fill out section A and give it to the child's school to complete and endorse with school stamps.

Section A	
Name of student	Date of birth
I hereby authorize	to release my child's school records.
Signed (parent or guardian)	Date
Section B	
To the Teacher, Counsellor, or Director: We appreciate your cooperation in pro-	viding us with school records and a confidential recommendation for the

above named student. Please forward school records or transcripts of evaluations and grades. If the student left before the end of term, please include grades/evaluations up to the time of withdrawal.

Please include the following items with this recommendation:

- School records/transcripts for the last two years
- Credit awarded, if appropriate
- Copies of any standardized test results
- School profile, information on grading system
- Any other information you consider may be helpful

Approaches to Learning

	Improvement needed	Satisfactory	Good	Excellent	Not Applicable
Attends class punctually and ready to work					
Works cooperatively					
Works independently					
Participates in classroom activities and discussions					
Actively listens in class					
Organizes time effectively					
Completes assignments on time					
Concentrates					
Seeks help when necessary					
Demonstrates effort					

Personal Characteristics

	Improvement needed	Satisfactory	Good	Excellent	Not Applicable
Motivation					
Conduct					
Self Confidence					
Independence					
Leadership					
Response to Criticism					
Concern for others					
Respect for individual differences					
Responsibility					
Relationship with peers					
Relationship with adults					
Emotional maturity					

Application Part 2 SS Contin	nued		Name of Student	
Please note any academic, p	personal and/or behavioural concerns you	i have about the stu	ident:	
Has the student ever receive	ed or been recommended for extra suppo	rt? If yes, please ex	plain:	
Has the child ever received:	Psychological assessment Occupational Therapy	Yes No	Physical Therapy Speech and Language Therapy	Yes No
If you have answered yes to	any of the above, please include reports	of testing and/or the	erapy, as well as any recent Individu	al Educational Plans (IEPs).
Has the student ever receive	ed any serious disciplinary sanctions?	Yes No		
If yes, please explain:				
Please describe the student	's particular academic and personal stren	gths:		
How has the student made a	a significant contribution to your (school)	community?		
Recommendatio	n			
I recommend this applicant	for admission (please circle)			
Enthusiastically S	Strongly With reservation	Not at all		
Name		Job Title	Э	
E-mail		Telepho	ne	
Signature		Date		
Thank you for completing th	is confidential recommendation.			
Please return the	is application to:			