



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 _____