Maple Leaf International School

SCHOOL REFERRAL *(CONFIDENTIAL)*

INSTRUCTIONS: Please affix with official school stamp & return to parents/guardians of student in a sealed envelope addressed to: 'Admissions at Maple Leaf International School' OR email directly to admissions@mapleleaf-school.com.

The information submitted will be considered confidential and will not become part of the student's school records. Your candor will benefit the applicant and the school. Thank you!

Student Name: _____ Date: _____

Current School Name: _____ Program Level:_____

How long has the student been at your school?_____

How often do you have contact with this student? Please tick one. ☐ Daily ☐ Weekly ☐ Occasionally

Please describe this student's general temperament: _____

_____

_____

How does this student relate to other children, one-on-one and as a group member?_____

_____

_____

In what areas does this student excel? Please describe his/her strengths:_____

_____

_____

In what areas does this student need support?_____

_____

_____

How would you rate this student's attendance record? ☐ Excellent ☐ Acceptable ☐ Poor

Continued on next page.

Alyce Heights Drive, Alyce Glen, Petit Valley, Trinidad & Tobago, W.I.
868 235-4654 admissions@mapleleaf.edu.tt
www.mapleleaf.edu.tt

How does this student's work ethic affect his/her academic success? _____

_____

_____

Does this student have any special interests/talents we should be aware of? If yes, please elaborate:_____

_____

_____

Are there any or have there been any disciplinary, emotional, social or other concerns regarding this student? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Are the parents supportive of this student? Are they supportive of school policies and faculty i.e. working with teachers, counselors and the administration? _____

_____

_____

_____	_____	_____
Name	*Signature*	*School Position*