

CONFIDENTIAL REFERENCE REQUEST FOR SCHOOL APPLICANT



**SUNMARKE
SCHOOL**
Where Amazing Happens™

We have received an application for the named student. Please have the class teacher or Head of Year complete the form and return directly to SMS Admissions at registrar@forteseducation.com.

Student Name:		Name of School:	
Curriculum Type:		Location:	
Current Year / Grade:		Leaving Date (if applicable):	
First Enrolled:			

PREVIOUS SCHOOLS:

Academic Year	School Name

How long have you known this student?

What three words come to mind when describing this student?

<input type="text"/>
<input type="text"/>
<input type="text"/>

What are this student's challenges?

<input type="text"/>
<input type="text"/>
<input type="text"/>

Is attendance above 95% Yes No If no, please give reason:

Is English their first language? Yes No

What is the language of instruction at your school?

Has the child ever had academic support? (please note we are an inclusive school and this will not jeopardise the application) Yes No

If yes, please give details:

Has the child ever had behavioural concerns? Yes No If yes, please give details:

PLEASE COMPLETE THE BELOW SECTIONS AS ACCURATELY AS POSSIBLE.

ENGLISH					
	UNABLE TO ASSESS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL
Speaking & Listening					
Composition					
Reading					
Spelling					
Handwriting					
Works Collaboratively					
Works Independently					

MATH					
	UNABLE TO ASSESS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL
Mental Math					
Problem Solving					
Takes Risks					
Works Collaboratively					
Works Independently					

GENERAL RECOMMENDATION (TO BE COMPLETED BY THE CLASS TEACHER OR HEAD OF YEAR):

- Strongly Recommended
- Recommended with Reservation
- Recommended
- Not Recommended

OVERALL RECOMMENDATION (TO BE COMPLETED BY THE CLASS TEACHER OR HEAD OF YEAR):

- Check here if any information pertaining to this student/family would be better communicated by phone. If so, a member from our Administration Team will contact you. Please feel free to add further narrative on additional pages if desired.
- I am/am not happy to be contacted regarding this reference. My contact details are:

FORM COMPLETED BY:

Name:		Signature:	
Title/Position:		Date:	
Principal's Name:		School Phone:	

On behalf of Sunmarke School, we thank you for taking the time to complete and return this confidential document in a timely manner.