KINGSWAY PRE-KINDERGARTEN & PREPARATORY SCHOOL

 10-12 Osbourne Road, Kingston 10

 Telephone: (876)968-5225, (876)968-9179, Fax: 908-2050

Email: kingswayhigh@cwjamaica.com kingswayhighandprep@gmail.com

**STUDENT CHARACTER REFERENCE**

**Admission for Grades 1-6**

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 **(To be completed by last school attended)**

Full Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-mentioned student is requesting admission to Kingsway Pre-Kindergarten and Preparatory School. Kindly complete the form below and return it to the School’s Office in a sealed envelope, stamped with your school’s stamp/seal. Please include, also, any information that might help us to know this applicant better in order for us to create the optimal placement for him/her.

Check one in each category

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area of Concern** | **Unable to Comment** | **Excellent** | **Good** | **Average** | **Poor** |
| Academic Potential |  |  |  |  |  |
| Academic Achievement |  |  |  |  |  |
| Cooperation |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Neatness of Work |  |  |  |  |  |
| Peer Rapport |  |  |  |  |  |
| Respect for Authority |  |  |  |  |  |
| Work Attitude |  |  |  |  |  |
| Homework Assignments |  |  |  |  |  |
| Punctuality to School |  |  |  |  |  |
| Attendance to School |  |  |  |  |  |
| Co-Curricular Activity(ies)Involvement |  |  |  |  |  |

1. If your school is private, does the family honour its financial responsibility on time?

 Yes No

1. Is this student in good standing at your school? Yes No
2. Has any disciplinary action been taken against this student? Yes No
3. If answer is “Yes”, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position of Evaluator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PLACE

SCHOOL STAMP/SEAL

HERE