

# WOLMER'S PREPARATORY SCHOOL

10 Connolley Avenue, Kingston 4 Telephone: (876) 922-5316 / 876-538-0866

Email: wps@wolmers.org

Website: www.wolmers.org/wps

## STUDENT REFERENCE FORM

## (TO BE COMPLETED BY PRINCIPAL/DESIGNATE)

Dear Parent/Guardian,

NAME OF PARENT/GUARDIAN

school (the sending school), complete and retu	urn the reference form as soon as possible.	
Full Name of Student:	Date of Birth:	Grade Leaving
I/We	hereby authorize Wolmer's Prepara	atory School to contact

Please complete information below, sign the release and have the Principal or Principal's designee of your child's most recent

the sending school and other sources to gain information to support the student's attendance to this school. I/We will not seek access to confidential recommendations and evaluation materials before, during and after this process. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Wolmer's Preparatory School for that purpose.

Signature of Parent/Guardian	D	ate
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#### TO THE EVALUATOR

Thank you for your cooperation in completing this form as it provides one way of getting to know this applicant. Our desire is to create the optimal placement for the student. Upon completion, please make a copy for your records and return a scanned copy of both pages via email to <a href="mailto:wps\_admin@wolmers.org">wps\_admin@wolmers.org</a> to ensure confidentiality. You are also to return the completed form in a sealed envelope, stamped with your school stamp and your name across the seal to Wolmer's Preparatory School.

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Evaluator's Name	School Name
Title / Position:	School Address:
Phone number	
Email address:	

## 1. Compared to other students in his/her grade level, indicate, using ticks, how you would rate this student:

Areas	1	2	3	4	5	No Basis for Judgement
Academic Ability	Outstanding	Excellent	Good	Fair	Poor	
Co-Curricular Activity	Outstanding	Excellent	Good	Fair	No Participation	
Integrity	Outstanding	Excellent	Good	Fair	Poor	
Conduct	Outstanding	Excellent	Good	Fair	Poor	
Initiative	Outstanding	Excellent	Good	Fair	Poor	
Care and Concern for Other Students	Outstanding	Excellent	Good	Fair	Poor	
Quality of Interaction with Staff	Outstanding	Excellent	Good	Fair	Poor	
Emotional Adjustment	Outstanding	Excellent	Good	Fair	Poor	
Punctuality to School	Outstanding	Excellent	Good	Fair	Poor	
Attendance to School	Outstanding	Excellent	Good	Fair	Poor	

"Age Quad Agis"
"Whatever you do, do it well."

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## STUDENT REFERENCE FORM CONTD.

2. Has this student ever been suspended, report IF YES, PLEASE EXPLAIN		for academic or disciplinary reasons? YES / No
3. Has this student paid all outstanding school  IF NO, PLEASE EXPLAIN ANY EXTREME C		ons to your institution? YES / NO E CAUSED THIS
4. To your knowledge, is the parents' perception of the parents of		chool's understanding of the child? <b>YES / NO</b>
5. Are you aware of any family circumstances  IF YES, PLEASE EXPLAIN:		YES / NO
6. To your knowledge, has the student ever be IF YES, PLEASE EXPLAIN:	een referred to a counsellor or psycho	ologist for assessment? YES/ NO
7. Please write any additional information a dynamics, legal concerns, etc.)	about this student that you think is	important (example family structure or
	ooth pages via email to <a href="wps_admin@envelope">wps_admin@envelope</a> , stamped with your school s	re a decision can be made. Persons completing twolmers.org to ensure confidentiality. You are stamp and your name across the seal to
PRINCIPAL/PRINCIPAL'S DESIGNEE SIGNATURE	DATE	AFFIX SCHOOL STAMP