



# Student Reference Form

## Applicants for Lower School (Preparatory to Grade 2)

**To Parents:** Please deliver this form to your child's school Principal / Teacher / Guidance Counsellor, who will complete it and return to the Admissions Department of Canadian International School of Hong Kong by mail or email.

Name of Student: \_\_\_\_\_  
Last Name                      Given Name                      Common Name (if any)

Applying for: \_\_\_\_\_  
Grade                                      School Year

**To the Principal / Teacher / Guidance Counsellor:** The above-named student has applied to enter the Canadian International School of Hong Kong. This reference is an important part of the application and your cooperation in providing a full and candid report will be greatly appreciated. Please be assured that this information will be kept confidential.

	Never	Occasionally	Usually	Always
The student demonstrates self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student responds positively to the challenge of academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is respectful and courteous to peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student displays a well-balanced temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is able to work independently for an age-appropriate period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student cooperates with others during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student exhibits age-appropriate study habits and organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please Turn Over**

1. Please write a short descriptive assessment of this student to include reference to the student's academic strengths and weaknesses, special interests and talents, character and maturity.
2. Has this student been recommended for and is he or she receiving any special education services and/or tutoring support? Please explain.
3. Have there been any disciplinary, emotional or other concerns regarding this student? Please explain.
4. Length of time acquainted with the student: \_\_\_\_\_

**I verify that to the best of my knowledge the above information is true and accurate.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

School Name & Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

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**If you have more confidential information to provide, please contact the Director of Admissions by email (Email Address: [emilypong@cdnis.edu.hk](mailto:emilypong@cdnis.edu.hk)).**

**Thank you for your helpful remarks.**

**Please return the completed form to:  
Admissions Department  
Canadian International School of Hong Kong  
36 Nam Long Shan Road  
Aberdeen  
Hong Kong  
Admissions Department Hotline : (852) 2240-6363  
School General Line : (852) 2525-7088  
Email Address: [admissions@cdnis.edu.hk](mailto:admissions@cdnis.edu.hk)**