

CONFIDENTIAL REFERENCE REQUEST FOR SCHOOL APPLICANT

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 RIS Admissions at registrar@forteseducation.com.



R E G E N T
INTERNATIONAL SCHOOL
Inspiring Minds. Building Character.™

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

PREVIOUS SCHOOLS:

| Academic Year | School Name |
|---------------|-------------|
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How long have you known this student?

What three words come to mind when describing this student?

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What are this student's challenges?

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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 Regent International School, we thank you for taking the time to complete and return this confidential document in a timely manner.