Heights College

School Reference from Previous School

Student’s Name: ______________________________________________________

Application to enter Year Level: ___________________________ for Year: _________________

As the Parent/Guardian of the child named above, I request the Principal of my child’s previous school to complete this form and submit it to the Headmaster of Heights College. I understand that all information supplied is treated with strict confidence and provides only a summary of my child’s academic, social and behavioural situation. Parent/Guardian Signature: ____________________________

To be completed by Principal (or appropriate representative)

1. I have known the above student for ____________ years. They are currently in Year ______

2. Generally the student’s academic ability is shown to be:
   □ Well above average  □ Above average  □ Average  □ Below Average  □ Learning Disability

3. Generally the student’s application to work is:
   □ Well above average  □ Above average  □ Average  □ Below Average  □ Learning Disability

4. Generally the student’s behaviour has been:
   □ Well above average  □ Above average  □ Average  □ Below Average  □ Learning Disability

5. The student’s attitude towards staff and other students is:
   □ Well above average  □ Above average  □ Average  □ Below Average  □ Learning Disability

6. Generally, which areas have caused this student difficulty:
   □ Relationships with teachers  □ Relationships with peers  □ Obeying rules
   □ Achieving in studies  □ Learning Disability  □ Other ________________

7. Generally, do you believe this student’s self-esteem to be:
   □ Very high  □ High  □ Average  □ Low  □ Very low

8. Please list any extra-curricular activities which this child has been involved in: _______________

   ____________________________________________________________

   Generally, staff have found this student to be:
   □ A student of exceptional character  □ A student of sound, reliable character
   □ A student of variable character  □ A student of unacceptable character

9. □ It is a pleasure to recommend this student to you.
   □ I recommend this student but there is room for improvement in character/work ethic.
   □ Other recommendation; ___________________________________________________

Principal’s Name (or appropriate representative): ____________________________ Date: __/__/__

Principal or Representative’s Signature: ____________________________ Date: __/__/__

School: ____________________________________________________________________

Please return this form to: Mrs Colette Keene

College Registrar – Heights College

PO Box 5671, Red Hill Rockhampton Qld 4701

Phone: (07)4936 1076   Fax: (07)4936 3952

Thank you for completing this form and returning it as soon as possible.