

CHRISTIAN ALLIANCE INTERNATIONAL SCHOOL 宣道國際學校

STUDENT REFERENCE FORM

(For Grade 7 to Grade12 Applicants)

To Parents:

Please deliver this form to your child's Principal/Teacher/ Counselor in the school currently attending. Upon completion, the school will return the form to the Admissions Office of Christian Alliance International School.

Name of Stude	nt					Preferred Name	
		(Surnam	e)	(First)	(Middle)		
Date of Birth				Applying f	for Grade:	School Year:	
	(Month)	(Day)	(Year)	_			

To the Principal, Teacher, Counselor:

The student named above has applied admission to Christian Alliance International School. We appreciate your willingness to help with our application process and request that you or a member of your team, who knows the student well, respond to the following questions. All information shared will be kept confidential. Please return this form in a sealed envelope directly to our Admissions Office.

Yes

No No

- 1. In what capacity have you known this student and for how long?
- 2. Are you currently teaching the student?
- 3. Based on your knowledge of the student, please rate him/her in the categories listed below.

	Excellent	Good	Average	Below Average	Poor	No Rating
English Proficiency						
Reading Ability						
Writing Ability						
Math Skills						
Ability to Work Independently						
Ability to Work with Others						
Attention To Task						
Completion of Assignments On Time						
Organizational Skills						
School Attendance						
Self-Motivation and Effort						
Emotional Stability						
Honesty and Integrity						
Maturity						
Relationships with Adults						
Relationships with Peers						
Respect for Others						
Self-Confidence						
Leadership Potential						

4	In vour	opinion	what are	the	student's	two	greatest	strengths?
4.	in your	opinion,		the	student s	LVVO	greatest	strengths:

5.	In your opinion, what are the	student's two greatest chall	enges?	
6.	Has the student ever been su If yes, please explain	uspended or dismissed from s		ns? 🗌 Yes 🗌 No
7.	Is the student in good standi	ng and eligible to re-enroll i	n your school in the next gra	de level? 🗌 Yes 🗌 No
8.	Has the student been recomic counseling, ELL, etc)? Pleas	-	ceiving support services (eg	. special education,
	Please add any additional co transition for him/her to CAIS 	S	tter understand the student a	and facilitate a smooth
	chool Address:			
N	ame of Referee:		Referee's Signature:	School Chop Here
Ρ	osition:		Date:	
T	elephone No.:	Thank you for your k	E-mail Address:	
	Please return	n this Student Reference For Admissions (Christian Alliance Inter 33 King Lam	m in a sealed envelope direc Office national School	tly to: