



KOREAN INTERNATIONAL SCHOOL

Student Reference Form

Applicants for Year 4 to Year 6 International Section

Parents Instructions: Please deliver this form to the Principal or main Teacher of your child in the school most recently attended. The completed form should be returned to Mr. C. Chadwick, Principal of the International Section by post, email or fax.

Student details

Last Name: _____ Given Name(s): _____

Date of Birth: _____ Applying for Year _____

To the Principal or main Teacher: The student above has applied for a place at Korean International School. The information you provide is an important component of the application process and your cooperation in providing a full and accurate report is appreciated. Information shared remains confidential.

1. Do you currently teach the student? (please circle) Yes / No
2. In what capacity have you known this student? _____
3. How long have you known this student? _____
4. Please indicate by ticking in the box, your assessment of the student, with respect to the following descriptors:

Academic Performance

English proficiency
Written English
Reading comprehension (English)
Mathematics ability

Poor	Below Average	Average	Good	Excellent

Work Habits

School attendance
Focus on tasks
Organisational skills
Ability to meet deadlines
Effort
Punctuality
Ability to work independently

Poor	Below Average	Average	Good	Excellent

Personal Characteristics

Self-confidence
Honesty and Integrity
Respect for others
Acceptance by others
Emotional self-control

Poor	Below Average	Average	Good	Excellent

5. Has this student been recommended for and is he/she receiving any special educational services, additional tutoring support or counselling? Yes / No (Please circle)

Please give further

details: _____

6. Have there been disciplinary, emotional, social or behavioural concerns regarding this student? Yes / No (Please circle)

Please give further

details: _____

7. To your knowledge, has the student been involved in any of the following activities: (please tick)

<input type="checkbox"/>	Cheating on an exam or marked assessment
<input type="checkbox"/>	Possession of alcohol or illegal drugs at school
<input type="checkbox"/>	Vandalism / damage to school property
<input type="checkbox"/>	Verbal threats to others

8. Has this student been suspended or dismissed from school for disciplinary reasons or misconduct?

Please give further

details: _____

9. Please provide any additional information that may be helpful in assessing the School's ability to meet the student's needs. This may include comments on this student's academic strengths, talents and interests.

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

Name: _____ Position: _____ School Chop: _____

Signature: _____ Date: _____

School Name & Address: _____

Phone No: _____ Fax No: _____ Email Address: _____

If you are willing to provide further information if needed, please leave your details below:

Your Phone No: _____ Preferred time to call: _____

Your Email Address: _____

Thank you for your kind assistance. Please return this form directly to:

Ms. Shelley YEUNG
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