



Student Reference Form

Applicants for Lower School (Reception)

Name of Child: _____
Last Name
Given Name
Common Name (if any)

Applying for: _____
School Year

To Parents: Please complete and return this form to the Admissions Office of Canadian International School of Hong Kong by mail, fax or email. If your child presently attends a school, please deliver this form to your child's school Principal / Teacher / Guidance Counsellor, who will complete and return it to us.

The above-named child 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 child demonstrates self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child can follow a single one-step direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child is respectful and courteous to peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child displays a well-balanced temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child listens to short stories and songs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child uses short sentences to convey what has happened in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child cooperates with others during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child is able to toilet self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child shows interest in his/her surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Turn Over

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

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

Name: _____ Signature: _____

Relationship with child: _____ Date: _____

School Name & Address (if applicable): _____

Telephone No.: _____ Fax No.: _____ Email Address: _____

If you would be willing to give us further information over the telephone, please tick here.

Your Telephone No.: _____ Best time to call: _____

Your Email Address: _____

Thank you for your help.

**Please return the completed form to:
Admissions Office
Canadian International School of Hong Kong
36 Nam Long Shan Road
Aberdeen
Hong Kong
Admissions Office Hotline : (852) 2240-6363
School General Line : (852) 2525-7088
Fax No. : (852) 2580-2462
Email Address: admissions@cdnis.edu.hk**