

Maple Leaf International School

#1 Alyce Heights Drive, Alyce Glen
Petit Valley, Trinidad

School Referral (Confidential)

Information will only be used for assessment purposes for possible admission to Maple Leaf International School, Petit Valley.

STUDENT'S NAME: _____

Date

CURRENT SCHOOL: _____

PROGRAM LEVEL: _____

Has this student been suspended from school for any length of time for any reason? **YES** **NO**

Is this student's attendance affecting his/her academic success? **YES** **NO**

Is this student's behaviour in school affecting his/her academic success? **YES** **NO**

Has this student demonstrated a work ethic that would result in a high level of academic success? **YES** **NO**

Does this student have any special interests / talents of which a receiving school should be aware? **YES** **NO**

Name

School Position

***Return to parents /guardians of student**

March 6, 2007

Forms: School Referral Confidential Document