

APPLICANT STUDENT REFERENCE

Dear School Principal

Thank you for taking the time to complete this form for the student named below, who wishes to study in a residential capacity at our Boarding School for one or more years. Your valuation will be held in the strictest of confidence and should you wish to send it directly to us, please email it to: Ms Síle Jio, Head of Marketing & Admissions, at Khadmissions@thekingshospital.ie.

Name of Student Name of Principal

How long has this student attended your school? How long have you known this student?

Does this student have a history of frequent absences from school? Yes No

If yes, please comment on why:

Please fill in the details below:	Very Good	Good	Average	Poor	Comments:
Attitude towards school/work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Academic Study/Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Presentation of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Leadership Capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Participation in Extra-Curricular Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Relationship with Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Based on your knowledge of the student, how would you evaluate their potential success in a new school?

Very Good Good Average Poor

Kindly add below any comments you think may be appropriate or on a separate sheet:

Print your name:

Sign your name:

School Stamp or Name & Address