



CONFIDENTIAL – STUDENT CONDUCT REFERENCE FORM

To be completed by the Vice-Principal or Counselor of the student's current school as part of the admission process.
Please note that this reference is confidential and is not to be shared with a third party.

Student Information

STUDENT NAME: _____ DATE OF BIRTH: _____

NAME OF THE PRESENT SCHOOL: _____ GRADE APPLYING FOR: _____

SCHOOL PHONE/ FAX/ EMAIL ADDRESS: _____

NAME/ POSITION OF PERSON PROVIDING THIS INFORMATION TO DBS: _____

Student Conduct

	(5) = Very Good	(4) = Good	(3) = Satisfactory	(2) = Fair	(1) = Poor
Behavior/ Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/ Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For current year:

Number of days tardy:	Number of disciplinary actions:
Number of days absent:	

Has this student been recommended for/ received special services at your school? Yes No
If yes, please specify the type and length of these service(s)

Comments: _____

Signature: _____ Stamp: _____ Date: _____