## Rosslyn Academy

P.O. Box 14146, Nairobi, 00800 Kenya

Telephone: 254 2635294/5/6, 2635261. Fax: 254 20 2635281. Mobile: 0701-646-602/0732-646-602



## SCHOOL REFERENCE REPORT

Kindly send the completed form directly to Rosslyn Academy at: Admissions@RosslynAcademy.com

We kindly request that this form be completed by the head of school, principal, or counselor of the school most recently attended by the student applicant, or in the case of a student aged 11 or younger, the form may be completed by the classroom teacher who most recently taught the applicant.

The information collected in this form will be kept confidential, and will be shared only with the members of the Rosslyn Academy staff who assist in the admissions process.

STUDENT INFORMATION

Last name		First name		IVII	Middle name								
Date of Birth (MM/DD/		Current Grade Level:											
No. of years of formal education (Post Kindergarten):													
If student applicant is a High School student indicate how many years the student will have completed when he/she joins Rosslyn Academy													
Name of Parent/Guardian:													
Postal Address:													
Home Phone:	Office phone:	Cell Pho	ne:	Email Address:									
PLEASE RATE THE STUDENT IN THE FOLLOWING AREAS													
DESCRIPTION			Outstan	ding	Above	Average	Below	Weak					
					Average	)	Average						
Ability to Maintain Focus													
Academic Performance in Relation to fellow students													
Confidence													
Cooperation													
Creativity													
Emotional Stability													
Intellectual curiosity													
Kindness Towards Others													
Leadership Ability													
Participation in Class													
Persistence													
Positive Influence on Peers													
Respect for Teachers and Others													
Responsibility													

ACADEMIC INFORMATION										
Describe the student's greatest strengths.										
Describe the student's greatest challenges.										
ENGLISH FLUENCY OF STUDENT										
Spoken English	Fluent	Develo			Beginner					
Written English	Fluent	Develo	oping		Beginner					
To your knowledge, has this student ever repeated a grade?  If yes, please provide details.  Yes										
If yes, please provide details.										
Does the student require or receive a specialized education program or learning										
support? If yes, please provide details and pertinent documentation.										
						No 🗆				
Llas the aturdant avails a				-!!!						
Has the student ever bee If yes, please provide det		ooi administrato	r for als	ciplinary rea	sons?					
, , , , , , , , , , , , , , , , , , , ,						Yes 🗌				
						No 🗆				
Has this student ever had	d a behavioral or ac	ademic assessr	ment?							
If yes, please give details	i <b>.</b>									
						Yes □ No □				
Has this student over her	on suchanded evec	allod or withdraw	un from	cohool duo	to	110				
Has this student ever been behavior or academic real	· · · · · · · · · · · · · · · · · · ·	elled of withdraw	WII IIOIII	scrioor due	10					
Please list extracurricular		this student is, c	or has b	een involved	d in this year (sports,	music,				
drama, leadership, comm	iittees, etc.).									
PARENTAL INVOLVEMENT										
Please describe this fami	ly's level of involver	ment in their chi	ild's edu	ıcation						
How realistic is this family	s view of their child	d as a learner?								
OFFICIAL INFORMATION										
Official's name:			Positio							
Name of School:			Sahaa	l Address:						
Name of School:			Schoo	Address:						
Telephone/Mobile:			Email Address:							
Signature of School Of	ficial									
Signature of School Official:  Has the above named student completed all the clearance requirements required by the school? (Fees,										
Books etc.,) Yes No										
School stamp and Date	:									

Thank you for providing this vital information to us so that we can make accurate decisions about whether and how we can best serve this student's educational needs. We appreciate your valuable time.