



mapleleaf-school.com

Alyce Heights Drive, Alyce Glen, Petit Valley, Trinidad, W.I
Tel: 868 632 9578 Fax: 868 633 3068 mlis@mapleleaf-school.com

SCHOOL REFERRAL (CONFIDENTIAL)

NAME: _____ DATE: _____

CURRENT SCHOOL NAME: _____ PROGRAM LEVEL: _____

Please respond to the questions below. The information will only be used for assessment purposes for possible admission to Maple Leaf International School.

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 & SIGNATURE

SCHOOL POSITION

PLEASE AFFIX WITH OFFICIAL SCHOOL STAMP
RETURN TO PARENTS / GUARDIANS OF STUDENT IN A SEALED ENVELOPE