ST. GEORGE'S COLLEGE
Winchester Park, North Street,
Kingston CSO
Tel: 922-2707

TO THE PRINCIPAL / VICE PRINCIPAL

Dear Sir/Madam;

The parent(s) of _____has/have requested a place in our Sixth Form Program. **Please fill out the following form and return to the Principal of St. George's College under CONFIDENTIAL COVER, c/o Dean of Sixth Form – St. George's College.**

1. Name of student (as it appears on Birth Certificate) _____
2. Student's Date of Birth _____
3. Name of Parent(s) _____
4. Address of Parent(s) _____
5. Grade to which student was admitted _____ 6. Last accumulated G.P.A (on a 4.0 scale) _____
7. Areas of academic strength _____
8. Areas of academic weaknesses _____
9. Has the student ever been suspended? _____
10. If yes, state reason(s) and number of times _____

    _____

    _____

    _____

    _____
11. Has the student ever been in trouble with the law? _____
12. If yes, give a brief account _____

    _____

    _____
13. Has there been other disciplinary problem with the student? If yes, state nature of problems:

    _____

    _____

    _____
14. Is the student a member of any team/club/society? If **'yes'**, list below

    _____
15. Has the student held any leadership position within your school? If **"yes"**, list below.

    _____

16. Does the student (Parent(s)) owe outstanding fees/charges to the school? _____
17. Does the student always has books/other material for school? _____
18. Is/Are the Parent(s) active members of the H.S.A./P.T.A? _____
19. Does the student attend school regularly? _____
20. Would you willingly readmit this student to your school? _____
21. State reason(s) for your answer above (#20).

    _____

    _____

    _____
22. If you have any further comment, please state them below. _____

    _____

    _____

    _____

Please rate the student in the following areas by placing a tick in the appropriate box below:

Attributes /Competencies	Excellent	Very Good	Good	Average	Poor	No basis for Judgement
Emotional Maturity						
Capacity for Academic Growth						
Leadership Potential						
Conflict Resolution Skills						
Initiative/Follow Through						
Expression of Ideas (oral & written)						
Work Consistent with Ability						

I recommend this student:

_____with reservation, _____fairly, _____strongly, _____enthusiastically

Name of officer completing form: _____

Position:_____ Signature: _____

Place school stamp here _____ Date: _____

NOTE: The Form will NOT be processed if any section is left incomplete or if NOT returned under CONFIDENTIAL COVER.