



MacLachlan College

TO PARENTS: Please print your child’s name in the spaces provided, then take this form to your child’s current School Principal, Guidance Counsellor or Teacher.

TO THE PRINCIPAL OR GUIDANCE COUNSELLOR:

Please supply the information required below. Your answers and remarks will be treated in strictest confidence. *Please return this form as soon as possible to the Director of Admissions in the self-addressed envelope provided. Thank you in advance for your assistance.*

APPLICANT’S NAME: _____

SURNAME	GIVEN NAME	USUALLY CALLED
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Currently studying at the grade _____ level. Number of years at this school: _____

How long have you known this student _____

Please rank the applicant in the following categories in comparison with other students of the same age whom you have known or taught in your school.

Rating	Excellent	Very Good	Good	Poor
Intellectual aptitude				
Study habits				
Academic motivation				
Self-directed learning				
Attitude toward authority				
Co-operation				
Self-esteem				
Ability to relate to others				
Tolerance of others				
Initiative				
Maturity				
Creativity				

Please sign and make additional comments on the reverse side of this form.

