

**Panaga School**

Brunei Shell Petroleum

**Pupil Reference Request**

**Applicants for Primary 1 - Middle Years 2 (Reception to Year 8)**

The pupil whose name appears below has applied for admission to Brunei Shell Petroleum (BSP) Panaga School. This reference is an important part of the application and your cooperation in providing a full and candid report will be greatly appreciated.

This form is CONFIDENTIAL and should be sent directly to the admissions department at Panaga School.

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| --- | --- |
| 1. Student details
 |  |
| Name of Pupil: | Applying for Year: |
| Date of Birth (DD/MM/YYYY): | Name of person completing the reference: |
| Name of current school: | Position of person competing the reference: |
| Address of current school: | Length of time acquainted with the pupil: |
| Curriculum currently studied: (E.g. IB, IPC, UK) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Occasionally | Usually | Always |
| The pupil demonstrates self-discipline |  |  |  |  |
| The pupil responds positively to the challenge of academic work |  |  |  |  |
| The pupil is respectful and courteous to peers and adults |  |  |  |  |
| The pupil displays a well-balanced temperament |  |  |  |  |
| The pupil can work independently for and age-appropriate amount of time |  |  |  |  |
| The pupil cooperates with others during group activities |  |  |  |  |
| The pupil exhibits age-appropriate study habits and organizational ability |  |  |  |  |

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| --- |
| Please write a short descriptive assessment of this pupil to include reference to pupil’s academic strength and weaknesses, special interests and talents, character and maturity. |
|  |
| Has this pupil been recommended for and is he/she receiving any special education services and/or tutoring support? Please explain and send any relevant documentation to support this statement. |
|  |
| Have there ever been any disciplinary, emotional or other concerns regarding this pupil?Please explain. |
|  |
| Are there any known Child Protection concerns? | Yes |  | No |  |
| If yes, please provide a contact to discuss further: |
|  |

|  |  |
| --- | --- |
| Signed: | Date: |

If you would like to give us further information over the telephone, please tick here.

Your telephone number: ……………………………………………

Please affix school stamp

Best time to call: ……………………………………………………….

Your email address: …………………………………………………..