



IGNATIUS PARK COLLEGE

(Trustees of Edmund Rice Education Australia Trading as Ignatius Park College)

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CONFIDENTIAL REFERENCE

THIS SECTION IS NOT TO BE RETURNED TO IGNATIUS PARK COLLEGE WITH THE APPLICATION FOR ENROLMENT. PLEASE FORWARD TO YOUR SON'S CURRENT PRINCIPAL FOR COMPLETION.

Dear Principal

This student is making application for enrolment in Year _____ in Year 20__ at Ignatius Park College and is required to supply a reference from his current Principal. Please complete this reference at your earliest convenience and forward to the Principal's Assistant, Ignatius Park College, under confidential cover.

STUDENT'S NAME _____

Please tick (✓) where applicable.

- | | |
|--|---|
| <p>1. I have known the above student for a period of ____ years. He is currently in Year ____ and has attended this school for ____ years. In my opinion, he has shown the following abilities in his studies.</p> <p><input type="checkbox"/> Well Above Average
<input type="checkbox"/> Above Average
<input type="checkbox"/> Average
<input type="checkbox"/> Below Average</p> <p>2. His application to his work has been:</p> <p><input type="checkbox"/> Excellent
<input type="checkbox"/> Very Satisfactory
<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Fair
<input type="checkbox"/> Unsatisfactory:
<input type="checkbox"/> At Times
<input type="checkbox"/> Frequently</p> <p>3. He has represented this school at:</p> <p>_____

_____</p> <p>4. In my view, his conduct at this school has been:</p> <p><input type="checkbox"/> Exemplary
<input type="checkbox"/> Consistently Good
<input type="checkbox"/> Creditable
<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> At Times
<input type="checkbox"/> Frequently</p> | <p>5. His attitude to his teachers and fellow students has been:</p> <p><input type="checkbox"/> Excellent
<input type="checkbox"/> Very Good
<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Unsatisfactory:
<input type="checkbox"/> At Times
<input type="checkbox"/> Frequently</p> <p>6. He has special needs in the area of:</p> <p><input type="checkbox"/> physical impairment/mobility;
<input type="checkbox"/> learning support behaviour.</p> <p>Details: _____</p> <p>7. Does the student have a Verified Disability: Yes / No
If yes, please identify.</p> <p><input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Sensory
<input type="checkbox"/> Cognitive</p> <p>8. His parent(s)/guardian(s) have been supportive of the school.</p> <p><input type="checkbox"/> No
<input type="checkbox"/> Yes
<input type="checkbox"/> Don't Know</p> <p>9. Are any fees or levies presently outstanding?</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No</p> |
|--|---|

Signed: _____

Date: _____

School: _____
(Please use school stamp.)

Other Comments:

