



ST BRENDAN'S COLLEGE

Address: 139 Adelaide Park Road, Yeppoon Qld 4703

Telephone: (07) 4939 9300

Facsimile: (07) 4939 5273

Email: principal@sbc.qld.edu.au

CRICOS Provider No. 03745A

REFERENCE FROM PRINCIPAL

STUDENT'S NAME:

Application to enter Year Level in Year 20

The above mentioned applicant is seeking admission to St Brendan's College and is required to supply a reference from his current Principal. Upon completion please return the form to the Principal, St Brendan's College
139 Adelaide Park Road, Yeppoon, Qld. 4703

Please tick (☐) where applicable.

1. I have known the above student for a period of

..... years. He is currently in Year

In my opinion, in his studies, he has shown the following abilities::

- | | |
|---|--|
| <input type="checkbox"/> Well Above Average | <input type="checkbox"/> Above Average |
| <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |

2. His application to his work has been:

- | | |
|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very Satisfactory | <input type="checkbox"/> Unsatisfactory |
| <input type="checkbox"/> Satisfactory | |

3. In my view, his conduct at school has been:

- | | |
|--|---|
| <input type="checkbox"/> Exemplary | <input type="checkbox"/> Satisfactory |
| <input type="checkbox"/> Consistently Good | <input type="checkbox"/> Unsatisfactory |
| <input type="checkbox"/> Credible | |

4. I consider him to be a boy of:

- | |
|--|
| <input type="checkbox"/> Exceptional character |
| <input type="checkbox"/> Very reliable character |
| <input type="checkbox"/> Acceptable character |
| <input type="checkbox"/> Disappointing character |
| <input type="checkbox"/> Unacceptable character |

5. His attitude to his teachers and fellow students has been:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Unsatisfactory |

6. He has represented this school at:

.....
.....
.....

7. He has special needs in the area of:

- | |
|---|
| <input type="checkbox"/> Physical Impairment/Mobility |
| <input type="checkbox"/> Learning Support Behavior |

Details:

.....
.....

8. Which aspect of school life has given him ongoing difficulty during his time at your school?

- | |
|---|
| <input type="checkbox"/> Relationships with teachers |
| <input type="checkbox"/> Relationships with peers |
| <input type="checkbox"/> Rules & Regulations |
| <input type="checkbox"/> Achieving in his studies |
| <input type="checkbox"/> Achieving in sport |
| <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other: Please specify: |

9. ☐ It gives me much pleasure to recommend him for any position of trust/responsibility

☐ I am pleased to recommend him

☐ I recommend him but believe there is scope for improvement in Character/study if he applied himself and is given encouragement

☐ Other recommendation

☐ Other Comments:

Principal's Signature: Date:

School: (Please use School Stamp)