

LOYOLA HIGH SCHOO

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CONFIDENTIAL CHARACTER ASSESSMENT FORM

Nam	e of Stu	dent:								
Nam	e of Sch	ool:					 			
		quired answer our school.	lependi	ng on how you	assess	your student,	thinking o	of enrolling		
1.	Atten (a)	ds classes/worl	ks alwa (b)	ys and punctual Always	ity (c)	Often				
2.	Work (a)	s well with oth Never	ers reg	ardless of their Always	status c	or rank Often				
3.	Willin (a)	ngly obeys and Never	follow (b)	s instructions w Always	hen red	quired. Often				
4.	Show (a)	rs respect for his	s/her fe (b)	ellow students, s Always	staff an (c)	d general put Often	olic			
5.	Is he/(a)	she trustworthy Excellent	(b)	Very Good	(c)	Good	(d)	Poor		
6.	Cares (a)	for Public pro Excellent	perty (b)	Very Good	(c)	Good	(d)	Poor		
7.	Acce _j (a)	pts reasonable Excellent	demand (b)	ls even though o Very Good	dislikin (c)	g them Good	(d)	Poor		
8.	Cares (a)	for personal c Excellent	leanline (b)	ess Very Good	(c)	Good	(d)	Poor		
9.	Does (a)	he/she particip Excellent	ate in e	xtra curriculum Very Good	activit (c)	ies? Good	(d)	Poor		
10.	Does (a)	he/she particip Excellent	ate in s (b)	ports and game Very Good	s? (c)	Good	(d)	Poor		
		ners below are		icket if the ans	swer is	YES or NO.	in some	Cases you		
11.	(a) Does the student pay the school fees and other costs on time?									
		YES]	NO						
	(b)	If the response is NO what are the reasons?								

12.	(a)	YES NO	
	(b)	What were the offence/mistake?	
13.	(a)	Did he/she involve in any misbehaviors e.g. threatening behavior, any kind of harassment, smoking or any kind of drug abuse or drinking alcohol. YES	
	(b)	If the response is YES what kind of misbehavior did he/she commit?	
		nmend his/her admission to our school.	
inform on the and s	nation is e above d igned ov	in the form, please seal the envelop personally and sign across the seal. Since the sconfidential and so we would appreciate if you could post this recommendation to a address. However, if that is not possible, please ensure the envelop is securely sealed were by you before handing it over to the applicant. We will appreciate if it reaches a February, 2019.	us ed
Nam	e of Hea	ad of School and Signature Phone Number Date	_
Schoo	ol Stamp	¢	