

CONFIDENTIAL REFERENCE FORM

TO BE FILLED OUT BY APPLICANT

Student Full Name: _____

Current Grade: _____

Current School: _____

School Address: _____

School Phone: _____

School Email: _____

I hereby authorize _____ to release school records of any testing which may have been administered to my child, to Hayah International Academy for admission purposes

Parent Signature: _____

Date: _____

TO BE FILLED OUT BY EVALUATOR

Information will be kept confidential. Please fill the form and return a scanned copy by email to admission@hayahacademy.com under the subject name "Confidential Reference" or return in a sealed envelope directly to the parent.

Evaluator Name:
Position:
Email:
Phone:

1. How long have you known the applicant? In what role?

2. What are the applicant's greatest strengths?

3. What are the applicant's areas for improvement and of concern?

4. Describe the student's relationship with peers.

5. What is the applicant's attitude towards authority and rules?

Student Name: _____

Current Grade: _____

6. Please comment on the parent's role in supporting the school and their child's education.

7. Has the student incurred any minor or major behaviour incidents? If yes, please provide details and specify if they are recurrent.

8. Has the student ever been suspended or expelled by the school? If yes, please specify.

9. Do you have any additional information you may wish to add to give us a more complete picture of the student?

☐ Please indicate if you would need us to contact you for further information

Evaluator's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____



Hayah International Academy

South of Police Academy , 5th District, New Cairo, Cairo, Egypt, 11835

Tel.: (+2 02) 2537 3000 - 2537 3333 - 2929 9582/3/4 - 2929 9586/7

Mobile: (+2 012) 2749 1877

www.hayahacademy.com