



Kingsway College

1200 Leland Road, Oshawa, ON L1K 2H4, Canada
Tel: 905-433-1144 Fax: 905-433-1156
admissions@kingsway.college
www.kingswaycollege.on.ca

Form 4: School Official Report

Applicant Name: _____

Grade Applying for: (circle one) 9 10 11 12

INSTRUCTIONS FOR THE APPLICANT:

Please complete the above information and give this form to your chosen recommender. This form must be completed by a school official (principal or vice principal only) from your last school. The recommender must submit this form directly to Kingsway College. You cannot submit this form to Kingsway College on behalf of the recommender.

INSTRUCTIONS FOR THE RECOMMENDER:

The above-mentioned student is an applicant for admission to Kingsway College, a private high school in Oshawa, Ontario, Canada, owned and operated by the Seventh-day Adventist Church. Your signature indicates that you have answered the evaluation honestly and objectively. Please include a Credit Counseling Summary or Transcript before returning this form to our office.

Please complete this confidential recommendation form and return it directly to our office:

ENROLMENT SERVICES
Kingsway College
1200 Leland Road
Oshawa, ON
L1K 2H4 Canada

Telephone: (905) 433-1144 ext. 211 or 212

Fax: (905) 433-1156

E-mail: admissions@kingsway.college

1. Discipline: _____ This student has had no major discipline issues.

_____ This student has had major discipline issues. Please explain:

2. Academics: _____ This student is functioning at grade level.

_____ This student needs special attention or has an IEP. Please explain:

3. Attendance: _____ This student's attendance is good and regular.

_____ This student's attendance is poor and sporadic.

4. To your knowledge, has this student ever used:

_____ No Substances _____ Alcohol _____ Drugs _____ Tobacco

5. To your knowledge, has this student been suspended/dismissed from school, arrested, or placed on probation?

_____ Yes _____ No

If yes, please explain:

6. Do you recommend the applicant as a desirable student for a Christian school?

_____ Yes _____ No _____ With reservation

7. General Comments (we value your comments because they are helpful in our admissions evaluation):

Recommender Information

Please include a Credit Counseling Summary or Transcript to this form before sending it back to our offices.

Last Name: _____ First Name: _____

Position: _____

Organization: _____

Address: _____

Phone No. _____

Email: _____

“My signature indicates that I have answered the evaluation honestly and objectively.”

SIGNATURE: X _____

DATE: / /
 MM DD YYYY