

Requested by: **AL-BAYAN BILINGUAL SCHOOL**
(Only required from students applying to Grades 2 and above)

To be completed by the Vice-Principal or Counselor of the applicant's current school as part of the admission process. Please note that this reference form is confidential to BBS and is not to be shared with a third party. Once completed, please SEAL or email to BBS Admissions Office at: admissions.office@bbs.edu.kw.

Applicant's Name: Date of Birth: / /

Name of current school: Current Grade:

Behavior / Conduct	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Respect for authority	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Respect for peers	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Work / Study Habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Emotional Maturity	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Leadership Ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Self Confidence	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Attendance	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

For current year:

Number of days tardy: Number of in-school suspensions:

Number of days absent: Number of out-of-school suspensions:

- Does the student have any learning needs requiring special support? Please specify:
- Has the student been referred to conduct an educational psychological assessment? ☐ Yes ☐ No
- Has the student, in any way, been a disciplinary problem? If so, please explain:

Any Additional Comments:

Name of person providing this information to BBS:

Position Held: Contact/Email Address:

Signature: School Stamp:

Date: / /

Parent's Contact: Parent's Email: