

# CONFIDENTIAL SCHOOL REFERENCE

(To be completed by Dean or Whanau/Form Teacher)



Student's name:

Name of School:

Current Year Level:

PLEASE RETURN BY

**Tuesday 24 August 2010** to:

Executive Officer

Mount Aspiring College

Plantation Road, Wanaka

**OR FAX TO: 03 443 9900**

**(If mailing please allow at least 5 days)**

Academic Ability and Performance

Poor | | | | Excellent

Level of Motivation / Ability to work independently

Poor | | | | Excellent

Relationship Others (peers, staff etc)

Poor | | | | Excellent

Maturity Level / Behaviour

Poor | | | | Excellent

Other Relevant Information

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_