

ACADEMIC REFERENCE

•	Student:					Present G	rade:			
	School:					MET#:				
he informat	amed student has made application tion you provide will assist us in that has consented to your completion Academy.	making our	decision	, and wi	ill be hel	d in strict	test confidenc	e. The Parent	/Legal Gua	ırdian fo
		Check the appropriate number Poor (1) to Excellent (5)					Comn	Comments		
Attendance		1	2	3	4	5				
Co-Operatio	on	1	2	3	4	5				
Study Habits	S	1	2	3	4	5				
Academic Ab	bility	1	2	3	4	5				
Academic Ac	chievement	1	2	3	4	5				
Class Prepara	ation	1	2	3	4	5				
Participation	n in Activities	1	2	3	4	5				
Relationship	os.	1	2	3	4	5				
1										
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Forward directly to: Admissions Office, St. Mary's Academy, 550 Wellington Crescent, Winnipeg, MB R3M 0C1

Fax: 204-453-2417 E-Mail: admissions@smamb.ca