



ACADEMIC REFERENCE

Student: _____

Present Grade: _____

School: _____

MET#: _____

The above named student has made application to attend St. Mary's Academy. We would appreciate your comments regarding this student. The information you provide will assist us in making our decision, and will be held in strictest confidence. The Parent/Legal Guardian for this student has consented to your completion of the form and to forwarding the completed form directly to the Admissions Office at St. Mary's Academy.

<i>Characteristics</i>	<i>Check the appropriate number Poor (1) to Excellent (5)</i>					<i>Comments</i>
Attendance	1	2	3	4	5	
Co-Operation	1	2	3	4	5	
Study Habits	1	2	3	4	5	
Academic Ability	1	2	3	4	5	
Academic Achievement	1	2	3	4	5	
Class Preparation	1	2	3	4	5	
Participation in Activities	1	2	3	4	5	
Relationships	1	2	3	4	5	
Responsibility	1	2	3	4	5	

Has this student exhibited behavioural concerns? ☐ Not at all ☐ Minor ☐ Severe

If yes, please elaborate: _____

Have there been any challenges in working in partnership with the parents/caregivers? ☐ Not at all ☐ Minor ☐ Severe

If yes, please elaborate: _____

Have programs been adapted for this student? ☐ No ☐ Yes - See below

Explain program adaptations: _____

Additional Comments: _____

In what capacity do you know this student? ☐ Counsellor ☐ Teacher ☐ Other: _____

Teacher Name (Print): _____ Subject Taught/Grade: _____

Signature: _____ Date: _____

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

APPLICATION DEADLINE FEBRUARY 3, 2025