



# Kingsway College

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

## 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:

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**2. Academics:** \_\_\_\_\_ This student is functioning at grade level.

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

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**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:**

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**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):**

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**Recommender Information**

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

**Attention:** Make sure you have read and understood the instructions on page 1 before submitting this form

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