



# Kaitaia Abundant Life School

*To be a Christian School that partners with families to produce young people of academic and personal excellence in a safe environment*

*Faith Excellence Whanaungatanga*

11 North Road PO Box 246 KAITAIA 0441 NEW ZEALAND | Phone 0064 9 4082671 | Fax 0064 9 4082417 | email: office@abundantlife.school.nz

## PREVIOUS SCHOOL REFERENCE FORM

Dear Principal/Class Teacher

The parents of the student named below are making application to send him/her to Abundant Life School. Would you be so kind as to complete this reference form and post or fax it as soon as possible, to assist us in the application process. All information will be held in confidence to appropriate school staff and Board members only.

### THANK YOU VERY MUCH

\*\*\*\*\*

Full Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class/Year Level: \_\_\_\_\_ Male / Female

Name of School or Preschool: \_\_\_\_\_

How long has this student been at the above school? \_\_\_\_\_

Attendance: \_\_\_\_\_

Reading Age: \_\_\_\_\_

Other Test/Exam Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAT Test Results Year: \_\_\_\_\_

Reading Vocabulary: \_\_\_\_\_

Reading Comprehension: \_\_\_\_\_

Mathematics: \_\_\_\_\_

Listening: \_\_\_\_\_

What are this student's strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any learning difficulties that we should be aware of? If yes, please specify.

\_\_\_\_\_

Does this student have any behaviour difficulties that we should be aware of? If yes, please specify.

\_\_\_\_\_

Has the student been stood down or suspended from your school? If yes, please give details.

\_\_\_\_\_

Name of Class Teacher/Principal: \_\_\_\_\_

Signature: \_\_\_\_\_ / /

**Thank you for your assistance.**

Please **FAX to:** Abundant Life School or **MAIL to:** Kaitaia Abundant Life School  
**(09) 4082417** PO Box 246

**KAITAIA 0410**

**Email:** office@abundantlife.school.nz