



Principal: Mr. Salar A. Rasoul

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Ontario Ministry of Education BSID 665401  
SBN B79235

## STUDENT REFERENCE REPORT

### Section 1: (to be completed by parent/guardian)

STUDENT'S NAME: \_\_\_\_\_  
Last First

SCHOOL: \_\_\_\_\_  
(Last attended by the student)

I / we authorize the previous school(s) that my child has attended to release the following information to ISNA High School.

PARENT'S NAME: \_\_\_\_\_  
Signature of student's parent/guardian

### Section 2: (to be completed by current school)

The student mention above has requested admission to our school. We would appreciate it if you kindly comment on the following items about this student. Please fax it directly to ISNA High School.

ATTENDANCE: \_\_\_\_\_

WORK HABITS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BEHAVIOUR / SPECIAL NEEDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Suspensions (if any) \_\_\_\_\_ for (reason) \_\_\_\_\_  
Was the student expelled from your school? \_\_\_yes, \_\_\_No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by: \_\_\_\_\_

Date: \_\_\_\_\_ Principal's / Counselor's Signature: \_\_\_\_\_