

CONFIDENTIAL SCHOOL REPORT FORM FOR ADMISSION to Secondary School (Grade 6-12)

TO BE COMPLETED BY HEAD OF SCHOOL OR DESIGNATED OFFICIAL

Return completed form and requested documentation by _____ 20____

Admissions Office, Lincoln Community School, PMB 354, Cantonments Accra, Ghana
Tel: 233-302-774-018 · Fax: 233-302-780-985 · E-mail: admission@lincoln.edu.gh

Student's Name: _____
Last Name First Name Middle

Birth Date: _____ / _____ / _____
Month Day Year

This student is applying to Lincoln Community School, a private, not-for-profit, co-educational, college preparatory, international school. LCS is committed to educating students from diverse cultures to achieve academic excellence. The program of studies is designed to challenge the average to above average student in grades Pre-school - 12. 95% of our graduates attend university. In order to determine whether the student can be successful at our school, we are interested in knowing as much as possible about the student's academic potential, achievement, character, and social development.

Currently studying at the grade _____ level. Number of years at current school _____

1. Please forward a copy of the student's transcript.
2. Please provide your school's numeric passing grade.
3. Please attach copies of most recent standardized test scores, if available.
4. Please complete the following questionnaire.

QUESTIONNAIRE

Please rate this student with regard to academic potential leading to post-secondary education (circle one):

(Strong) 1 2 3 4 5 6 7 (Weak)

To your knowledge, has this student ever repeated a grade? Yes No

If yes, please provide details _____

Does the student possess any diagnosed learning disability, emotional, or behavioral difficulties? Yes No

If yes, please provide details _____

Note: LCS admits students whose academic, personal, social and emotional needs can be met by the school's programs and services, and who can be integrated into a mainstream classroom. LCS provides support for students with mild learning and emotional/social difficulties.

ADD/ADHD Dyslexia Speech or language Development Sensory or Motor Development
 Other _____

Has the student received any remedial help? Yes No

If yes, please provide details _____

Has the student ever had a disciplinary or unlawful problem? Yes No

If yes, please provide details _____

Has the student been recommended for or received individual or group counseling? Yes No

If yes, please provide details _____

Please list extracurricular activities in which this student is, or has been involved (sports, music, drama, committees, etc): _____

QUESTIONNAIRE

Please indicate your present estimate of the candidate by a check mark in one box

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Intellectual Curiosity					
Creativity					
Academic potential compared to other students					
Academic performance compared to other students					
Persistence					
Emotional stability					
Cooperation					
Responsibility					
Concern for others					
Participation in activities					
Positive influence and leadership					

What do you feel is the greatest contribution that this student will be able to make in a multi-cultural, college preparatory, international school? _____

What are the student's greatest strengths? _____

What are the student's greatest challenges? _____

Would you recommend this student?

- Most Strongly Strongly Yes Yes, with reservation Not at all

Please elaborate: _____

Official's Name: _____ Position: _____

Name, Address of School: _____

Telephone: _____ Fax: _____

E-mail: _____

Signature: _____ Date: _____