



# TOWN CENTRE

## PRIVATE SCHOOLS®\*

Montessori Pre-School • Elementary • High School



International  
Baccalaureate®  
World School

### STUDENT ASSESSMENT FORM

Dear Parents:

We kindly request that you complete the information on this page and sign below, giving the Principal of your child's current school permission to release the information which will be contained in this **Student Assessment Form**. This form, after being completed by your current school, must be sent directly by that school to TCPS. Only upon receipt of this form will a final decision be made regarding your child's application.

NAME OF STUDENT: \_\_\_\_\_

DATE OF BIRTH (d.m.y.): \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_

#### AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of information requested on the following **Student Assessment Form**. I understand that the contents of the form will be held private by both TCPS and my child's present school.

\_\_\_\_\_  
**Signature of Parent or Guardian**

#### DEAR PRINCIPAL / ALTERNATE

The above named student has applied for admission to Town Centre Private Schools. We would be most appreciative of your assessment of the applicant. Please complete the attached Student Assessment Form, and return directly to us. We ask that the contents of this form remain confidential. You may retain a copy of this page for your records.

**Main Campus** (Grades 2 to 12)  
155 Clayton Drive, Markham, Ontario L3R 7P3  
T: (905) 470-1200 F: (905) 470-0184

**Amarillo Campus** (Pre-School to Grade 1)  
76 Amarillo Avenue, Markham, Ontario L3R 0V3  
T: (905) 474-3434 F: (905) 474-3113

**Milliken Campus** (Pre-School)  
3 Clayton Drive, Markham, Ontario L3R 8N3  
T: (905) 470-8178 F: (905) 470-0570





## CONFIDENTIAL STUDENT ASSESSMENT FORM

NAME OF STUDENT: \_\_\_\_\_

DATE OF BIRTH (d.m.y.): \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_

WE THANK YOU FOR YOUR ASSESSMENT OF THE ABOVE NAMED STUDENT WHO HAS APPLIED FOR ADMISSION TO TOWN CENTRE PRIVATE HIGH SCHOOL. PLEASE USE THE FOLLOWING RATING SYSTEM TO ASSESS THIS STUDENT IN COMPARISON TO THE OTHER STUDENTS AT YOUR SCHOOL.

**1: EXCELLENT, 2: GOOD, 3: FAIR, 4: POOR, 5: VERY POOR, NA: NOT APPLICABLE**

### PERSONAL PERFORMANCE

LEADERSHIP SKILLS	1	2	3	4	5	NA
PERSONAL CONDUCT	1	2	3	4	5	NA
ATHLETIC ABILITY	1	2	3	4	5	NA
SCHOOL SPIRIT	1	2	3	4	5	NA
PUNCTUALITY / ATTENDANCE	1	2	3	4	5	NA

### ACADEMIC PERFORMANCE

ENGLISH SKILLS	1	2	3	4	5	NA
MATHEMATICS SKILLS	1	2	3	4	5	NA
EFFORT & ATTITUDE	1	2	3	4	5	NA
ORGANIZATIONAL SKILLS	1	2	3	4	5	NA
TASK COMPLETION	1	2	3	4	5	NA

**PLEASE ATTACH A COPY OF APPLICANT'S MOST RECENT TRANSCRIPT  
OR GRADE 8 REPORT CARD**

Please use the back of this form to provide us with any other pertinent details concerning the applicant's status as a student in your school.



Please add any pertinent information that will give us a more thorough picture of this student and his or her background at your school.

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**NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**PLEASE RETURN DIRECTLY TO  
SECONDARY PRINCIPAL**

**TOWN CENTRE PRIVATE SCHOOLS  
155 CLAYTON DRIVE  
MARKHAM, ONTARIO  
L3R 7P3**