



RECOMMENDATION FORM
For Admission to:
VINCENT MASSEY COLLEGIATE
5925 – 27th Avenue
Montreal, Quebec
H1T 3J5

The applicant should leave this form with the principal of the school presently attending.

LAST NAME OF APPLICANT: _____ **FIRST NAME:** _____

In 2012-2013 Student will be in Secondary: _____

SCHOOL: _____ **Principal:** _____ **Telephone:** _____

TO THE PRINCIPAL:

This student is requesting admission to Vincent Massey Collegiate. We would appreciate your evaluation of this applicant in co-operation with his/her teachers. (Please check one column per category)

CATEGORY	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	WEAK
WORK					
EFFORT					
LEADERSHIP					
INITIATIVE					
RELATIONSHIP WITH PEERS					
RELATIONSHIP WITH STAFF					
ENTHUSIASM					
RELIABILITY					
BEHAVIOR					
ATTENDANCE					
PUNCTUALITY					

ADDITIONAL COMMENTS DEEMED RELEVANT: _____

Signature: _____

Date: _____

Please forward this confidential information to the VMC ADMISSIONS OFFICE. Thank you.