



**SHSID Applicant Recommendation Form  
For Admission to Grade 1-5**

Name of Applicant (as on passport): \_\_\_\_\_

Applicant's Present School (full name): \_\_\_\_\_ Present Grade: \_\_\_\_\_

How are you related to the student? (Please check the relevant boxes below)

- Homeroom Teacher       Grade Director       Dean of Teaching Affairs  
 Dean of Student Affairs       Principal       Other \_\_\_\_\_

The above mentioned student is applying for admission to Shanghai High School International Division (SHSID). We appreciate the time you spend completing this recommendation form, and request that the person most knowledgeable about the student respond to the questions below. The checklist helps us evaluate areas of general interest and student capabilities. Your honest evaluation of the applicant will be of great value to the Admission Committee.

**All information shared is considered confidential and disclosed only to the Admission Committee and other school personnel as deemed necessary by the Office of Admission.**

Please tick the relevant options in the below table:

	Outstanding	Above Average	Average	Below Average	Not Applicable
Disciplined Habits					
Communicates Oral Ideas Clearly					
Communicates Written Ideas Clearly					
Focuses and Maintains Attention					
Follows teacher's instructions					
Concern for Others					
Cooperates with Others during Group Activities					
Participates Well in Classroom Discussion					

Please answer the following questions:

- How long have you been familiar with this applicant? How do you know him/her (through what class, or what activity)?

\_\_\_\_\_



Name of Applicant (as on passport): \_\_\_\_\_

2. Does he/she meet the requirement of your school to continue studying?  
\_\_\_\_\_
3. Have there been any disciplinary actions involving bullying, fighting, breaking school rules or stealing? Yes No  
If yes, please explain in detail: \_\_\_\_\_
4. Have any psychological problems involving anxiety, hyperactivity or autism been displayed by the applicant? Yes No  
If yes, please explain in detail: \_\_\_\_\_
5. Have any academic integrity problems involving cheating, plagiarism, forging a signature? Yes No  
If yes, please explain in detail: \_\_\_\_\_
6. Does he/she get along well with other students?  
\_\_\_\_\_
7. Does he/she get along well with teachers?  
\_\_\_\_\_
8. Are the student's parents willing to cooperate with the school faculty? Yes No  
If no, please explain in detail: \_\_\_\_\_
9. Is he/she absent frequently?  
\_\_\_\_\_
10. Does the student have any particularity needed to be mentioned? (like special talent, learning difficulties or speech disorder, etc.)  
\_\_\_\_\_
11. Aside from the above mentioned, is there anything else you would like to highlight about the student?  
\_\_\_\_\_
12. Are you willing to receive a phone call to discuss details about the student? Yes No

Name of Referee: \_\_\_\_\_ School Name (full name): \_\_\_\_\_  
Position of Referee: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Signature of Referee: \_\_\_\_\_  
Date (mm/dd/yy): \_\_\_\_\_

Note: Please print and handwrite this form. Upon completion, please send to the SHSID Admissions Office by fax, email (scanning the finished form first) or by express mail.

SHSID Admissions Office  
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