



Le Chéile

Secondary School

School Reference (To be completed by current school/ last school attended)

Name: of Student: _____

Year Group: _____

Academic Progress to date: (please tick as appropriate)

Excellent	Good	Fair	Poor

Excellent	Good	Fair	Poor

Disciplinary Record

No. of Detentions	No. of Negative Reports	No. of Suspensions

Outline the reasons for suspensions/negative reports

Has this student been expelled: _____

If Yes please give the reason:

Attendance Record

Excellent	Good	Fair	Poor

Number of days missed in last calendar year: _____

General participation in school life

Excellent	Good	Fair	Poor

Please give details:

General Comment:

Signed: _____ Date: _____

School Principal

Please return to:

Le Chéile Secondary School, Hollystown Road, Tyrrelstown, Dublin 15