



LAURA SECORD SECONDARY SCHOOL

# REFERENCE REQUEST

*Please submit this form a MINIMUM of one week prior to deadline.*

## TEACHER INFORMATION

Teacher Name		Date	
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## STUDENT INFORMATION

Student Name			
Student Address			
City		Postal Code	
Phone Number		Email Address	
Number of Years at Laura Secord			

## REASON FOR REQUEST

Check reason for requesting a reference:

<input type="checkbox"/> Post-Secondary Admission	Name of School:
<input type="checkbox"/> Award/Scholarship/Bursary	Name of Award:
<input type="checkbox"/> Application for Employment	Name of Employer:
<input type="checkbox"/> Other:	

## ADDITIONAL INFORMATION

List any characteristics and skills you would like emphasized or additional comments related to this request:

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***Please ensure that you have previously submitted your Student Profile Form to Guidance.  
Please attach any additional forms or other useful information related to this request.***