



# K. International School Tokyo

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## KIST Confidential School Reference

(For applicants seeking admission to Grades 2 and above only)

Applicant's name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_  
(Given name/s) (Family name/s)

### To Whom It May Concern:

**As part of our admissions requirements, we ask for your cooperation in completing this confidential statement in English or Japanese and returning all three pages directly to our Admissions Office by e-mail at [info@kist.ed.jp](mailto:info@kist.ed.jp) from an official school account only (i.e. not a personal account such as Yahoo, Gmail etc.). We will only use the information you provide on this form for its intended purpose. Your details will be held in strict confidence and will not be distributed to third parties for any reason.**

**Thank you for your cooperation.**

### SECTION A: School Administration Report

**To be completed by the applicant's current or previous school office or administration.**

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Web: \_\_\_\_\_

Name of person completing Section A: \_\_\_\_\_

Position held: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

*\* Please be sure to provide an e-mail address in case we need to contact you for further details.*

### Attendance/Behavior

● How long has the applicant been enrolled at your school? \_\_\_\_\_

● Please indicate the applicant's general attendance record:

Excellent attendance    Usually attends    Often absent    Often late

● Has the applicant ever been:   Suspended?    Yes    No

Expelled?    Yes    No

Involved in any other serious incident?    Yes    No

If you answered yes to any of the above, please provide details: \_\_\_\_\_

\_\_\_\_\_

● Are there any other concerns regarding the general behavior of this applicant? \_\_\_\_\_

\_\_\_\_\_



**Support services**

- Has the applicant received or is he/she receiving any of the following at school?
  - Individual behavior management support  Yes  No
  - Speech/Language therapy  Yes  No
  - Occupational therapy  Yes  No
  - Individual/Family counseling  Yes  No
  - Support for special learning needs  Yes  No
  - English language development support (ESL/EAL/ELL)  Yes  No

If you answered yes to any of the above, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**General school life**

- Has the applicant received any special awards or recognitions at school?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

- Is the applicant involved in any extra-curricular activities at school?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

- Does the applicant hold any special roles within the school (e.g. school council representative)?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**Family support**

- Does the applicant's family meet payment schedules in a timely fashion?  Always  Usually  Rarely

\_\_\_\_\_

\_\_\_\_\_

- Are the parents/guardians actively involved in school activities/events?  Always  Usually  Rarely

\_\_\_\_\_

\_\_\_\_\_

- Do the parents/guardians support the school philosophy and aims?  Always  Usually  Rarely

\_\_\_\_\_

\_\_\_\_\_

- Are the parents/guardians friendly, cooperative and supportive?  Always  Usually  Rarely

\_\_\_\_\_

\_\_\_\_\_

- If there is any additional information about the applicant's parents/guardians or family situation you think may be helpful to us, please write it here: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date (e.g. Jan./1/2000): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTION B: Teacher's Report***To be completed by the applicant's current or previous class, homeroom or subject (English or maths) teacher.*Applicant's name: \_\_\_\_\_  
(Given name/s) (Family name/s)

Name of person completing Section B: \_\_\_\_\_

Position held: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

*\* Please be sure to provide an e-mail address in case we need to contact you for further details.*

- How long have you taught the applicant? \_\_\_\_\_
- What do you teach the applicant? \_\_\_\_\_
- What words would you use to describe the applicant? \_\_\_\_\_  
\_\_\_\_\_
- What would you consider to be the applicant's learning style? \_\_\_\_\_  
\_\_\_\_\_
- Please identify the applicant's academic and personal qualities by checking (☑) the boxes as appropriate.

Qualities	Always	Usually	Sometimes	Rarely	Unable to rate
● Accepts/responds to adult direction	<input type="checkbox"/>				
● Shows adaptability/flexibility	<input type="checkbox"/>				
● Displays self-confidence	<input type="checkbox"/>				
● Shows attentiveness/focus	<input type="checkbox"/>				
● Demonstrates consideration for others	<input type="checkbox"/>				
● Exhibits self-control	<input type="checkbox"/>				
● Acts independently	<input type="checkbox"/>				
● Acts responsibly	<input type="checkbox"/>				
● Accepts responsibility for own actions	<input type="checkbox"/>				
● Accepts others with differences	<input type="checkbox"/>				
● Demonstrates leadership skills	<input type="checkbox"/>				
● Reacts positively to constructive feedback	<input type="checkbox"/>				
● Interacts positively with peers	<input type="checkbox"/>				
● Demonstrates a sense of humor	<input type="checkbox"/>				
● Communicates own ideas and thoughts	<input type="checkbox"/>				
● Displays organizational skills	<input type="checkbox"/>				
● Demonstrates self-motivation	<input type="checkbox"/>				
● Works co-operatively in groups	<input type="checkbox"/>				
● Demonstrates intellectual curiosity	<input type="checkbox"/>				
● Deals with problems creatively	<input type="checkbox"/>				
● Demonstrates abstract thinking skills	<input type="checkbox"/>				

- Please comment on the applicant's general behavior in class: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If there is any additional information you think may be helpful to us, please write it here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date (e.g. Jan./1/2000): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_