



## **CONFIDENTIAL**

Completed form to be returned by post or email directly to the Admissions Office at  
Bonn International School

# **School Recommendation Form**

**For Admission to**

**Grade 2 to Grade 5**

For completion by Class Teacher,  
Counselor, Principal or Head of School

## Information for Teachers, Counselors, Principal or Head of School completing the Bonn International School Recommendation Form

The student named on this confidential recommendation form is an applicant for admission to Bonn International School (BIS). We would appreciate it if you would complete the form and return it directly to the Admissions Office at the address below as soon as possible.

Bonn International School is an independent, coeducational day school. BIS offers three International Baccalaureate (IB) programmes to students aged 3-19 within a warm and caring environment.

At BIS, students are not only engaged academically, but learn the importance of intercultural understanding and respect. They acquire skills and knowledge to help them thrive in an increasingly mobile and interdependent world. BIS students are challenged to apply knowledge creatively, assume personal responsibility and meet high academic standards. BIS is home to around 710 students from 78 countries.

Bonn International School is accredited by the Council of International Schools and New England Association of Schools and Colleges. Further information about BIS can be found on its website: [www.bonn-is.de](http://www.bonn-is.de)

If you have any questions, please feel free to contact the BIS Admissions Team at [admissions@bonn-is.de](mailto:admissions@bonn-is.de) or call +49 (0) 228 308 54151.



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Commerzbank Bonn • IBAN DE15 3804 0007 0386 4444 00 • SWIFT-BIC COBA DE FF XXX

NOTE TO PARENTS/GUARDIANS: Please give this form to your child's Teacher, Principal or the School Counsellor to complete.

Please sign here to release this information:

Name: .....Date: .....

**CONFIDENTIAL SCHOOL RECOMMENDATION FORM FOR ADMISSION TO GRADE 2 to GRADE 5**

**Your assessment of this student's strengths and weaknesses is an essential part of the selection process and is greatly appreciated. The responses you give will remain strictly confidential**

Name of Student: .....

Application for Grade: ..... Academic Year: .....

Name of Present School: .....

Name of Principal/Teacher/Counsellor submitting recommendation: .....

Email address: .....Telephone: .....

How long have you known this student: .....

Are you aware of any learning or behavioural concerns which may exist and might require further support? If yes, please provide details: .....

.....

Has the student ever required learning support or psycho-educational testing? If yes, please provide details: .....

.....

<b>Social/Emotional Development</b>	<b>Exceeds age /grade expectations</b>	<b>Age / grade appropriate</b>	<b>Needs development</b>	<b>No basis for judgment</b>
Co-operates with peers and adults				
Displays self-motivation, effort and drive				
Attention skills, concentration, focus				
Follows directions				
Works co-operatively in groups				
Self-confidence				
Ability to work independently and productively				
Seeks help when needed				
Responds positively to directions				

<b>Mathematics</b>	<b>Exceeds age /grade expectations</b>	<b>Age / grade appropriate</b>	<b>Needs development</b>	<b>No basis for judgment</b>
Number				
Pattern and Function				
Problem Solving				
Data Handling				
Shape and Space				

<b>Language</b>	<b>Exceeds age /grade expectations</b>	<b>Age / grade appropriate</b>	<b>Needs development</b>	<b>No basis for judgment</b>
Reading				
Writing				
Listening				
Speaking				

Please describe the student's attitude towards reading: .....

.....

Please describe the student's attitude towards writing: .....

.....

Please describe the student's attitude towards mathematics: .....

.....

Any additional comments about this child's work habits, social development, emotional growth, physical development and/or academic skill development would be greatly appreciated.

.....  
.....  
.....

May we contact you for further information?    Yes                      No

Signature: .....                      School stamp:

Date: .....

This form must be returned directly by fax or post by the person completing this form to:  
Bonn International School, Admissions Office, Martin-Luther-King Str. 14, 53175 Bonn,  
Germany.  
Fax: +49 (0) 228 308 54 350