

Parent's Name (Printed)

## Diocesan Boys' School Primary Division Student Recommendations and Referrals Documents Request Form

Name:	Class Attended (In chronological order)	
STRN:	<b>Year</b> (e.g. 2015-2016)	Class (e.g. 1D)
D.O.B:	(c.g. 2015-2010)	(c.g. 1D)
Email:		
Tel No.:		
Address:		
Pick-up method: Document passed through Class Teacher  (Please tick ✓ the appropriate box)  Document to be requested: Transcript Reference Letter  (Please tick ✓ the appropriate box)	Email to school(s) ap	<b></b>
Please read the following before signing and submitting.  1. Documents will be prepared only for students currently studying School Primary Division.  2. This form should be submitted at least 14 working days in additional the documents. Urgent applications will not be entertained.	vance to ensure adequat	e time for processing
3. Applications will be processed only when all details or documents		
• This form		
A copy of last 2 years' Report Cards		
• Recommendations/ Reference Letter Request Form (R2)		
Copies of certificates of academic, music, sports and other a	chievements	
A cheque payable to "Diocesan Boys' School Primary D	<b>Pivision</b> " for any require	ed payment
Urgent applications will not be entertained		
Parent's Signature	Date	

School Name (City, Country)	
. Fill in the corresponding information before requesting for the docum	nents you request:
<u>Transcripts</u>	
I would like to have transcripts from Grade to Grade	
First copy: Free of charge	
Subsequent copies: \$20 eachcopy(s)	\$
Recommendation/Reference Letters	
Please fill out the form for information to be included in your letter	
First copy: Free of charge	
Subsequent copies: \$20 eachcopy(s) \$	
Subsequent copies. \$20 cachcopy(s) \$	(School Use Only)
	(School Use Only)
	Payment: