

Letter of Recommendation – Academic Application

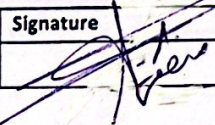
This form must be submitted with the Academic Application for all students applying to study at York Region District School Board. Consent must be provided by the parent or student (if over age 18) and completed and signed by a school official where the student is currently studying.

Student Information (completed by Parent/Student)

Student Last Name	Student First Name	Date of Birth (mm/dd/yy)
Bakhshi	Shayan	1/14/2011

Parent/Student Consent (completed by Parent/Student)

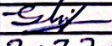
I hereby give consent to the school official named below to share information with the Admissions Office of the York Region District School Board for the purpose of determining enrolment eligibility.

Last Name/First Name	Relationship to Student	Signature	Date Signed (mm/dd/yy)
Manteghi / Somaye	Mother		02/22/2023

School Information (completed by school official)

Dear Teacher, Counsellor or Principal,

As part of the admission process, York Region District School Board requires an official (Principal, Teacher/Counsellor) to provide a recommendation on behalf of each student who enrolls with the school district. Your time to complete this form is very much appreciated. To ensure confidentiality, you may complete and email this form to admissions@yrdsb.ca. Alternatively, you may complete, sign, and return the form to the student or parent for submission with his/her application package.

School Name	Hazrat Amir
Address	66, Peivandi street, Zafar, Tehran, Iran
City/Province/Country	Tehran, Iran
Telephone Number	+98 21 22220099
Name (of person completing the form)	Ghalejogh Morteza
Position Title	Teacher
Email address	amir.school401@gmail.com
Signature	
Date Signed (mm/dd/yy)	2/22/2023

Student Feedback (comment on the student's performance)

Attribute	Excellent	Good	Satisfactory	Unsatisfactory
Academic ability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward school and school work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and working with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and time management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent work skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social aptitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness to study abroad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Letter of Recommendation – Academic Application

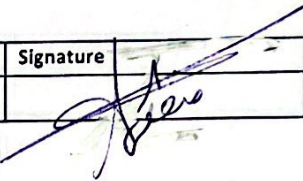
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Student Information (completed by Parent/Student)

Student Last Name	Student First Name	Date of Birth (mm/dd/yy)
Bakhshi	Skayan	01/14/2011

Parent/Student Consent (completed by Parent/Student)

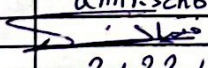
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Last Name/First Name	Relationship to Student	Signature	Date Signed (mm/dd/yy)
Manteghi / Somaye	Mother		02/22/2023

School Information (completed by school official)

Dear Teacher, Counsellor or Principal,

As part of the admission process, York Region District School Board requires an official (Principal, Teacher/Counsellor) to provide a recommendation on behalf of each student who enrolls with the school district. Your time to complete this form is very much appreciated. To ensure confidentiality, you may complete and email this form to admissions@ydrsb.ca. Alternatively, you may complete, sign, and return the form to the student or parent for submission with his/her application package.

School Name	Hazrat Amir Educational Complex
Address	NO 66, Peyvandi, Zafar
City/Province/Country	Tehran, Iran
Telephone Number	0098-22221761
Name (of person completing the form)	Sherin Fathian
Position Title	Teacher
Email address	amirschool401@gmail.com
Signature	
Date Signed (mm/dd/yy)	2/22/2023

Student Feedback (comment on the student's performance)

Attribute	Excellent	Good	Satisfactory	Unsatisfactory
Academic ability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward school and school work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and working with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and time management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent work skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social aptitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness to study abroad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

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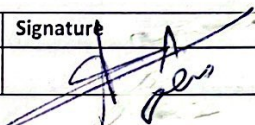
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Student Information (completed by Parent/Student)

Student Last Name	Student First Name	Date of Birth (mm/dd/yy)
Bakhshi	shayan	1, 14/2011

Parent/Student Consent (completed by Parent/Student)

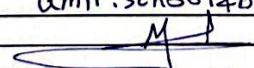
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Last Name/First Name	Relationship to Student	Signature	Date Signed (mm/dd/yy)
Manteghi / somaye	Mother		2/22/2023

School Information (completed by school official)

Dear Teacher, Counsellor or Principal,

As part of the admission process, York Region District School Board requires an official (Principal, Teacher/Counsellor) to provide a recommendation on behalf of each student who enrolls with the school district. Your time to complete this form is very much appreciated. To ensure confidentiality, you may complete and email this form to admissions@yrdsb.ca. Alternatively, you may complete, sign, and return the form to the student or parent for submission with his/her application package.

School Name	Hazrat Amir Educational Complex
Address	No 66, Peyvandi, Zafar st.
City/Province/Country	Tehran, Iran
Telephone Number	0098-22 221761
Name (of person completing the form)	Mir yaghoob Mousavi
Position Title	educational manager
Email address	amir.school401@gmail.com
Signature	
Date Signed (mm/dd/yy)	

Student Feedback (comment on the student's performance)

Attribute	Excellent	Good	Satisfactory	Unsatisfactory
Academic ability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cooperation and working with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Organization and time management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent work skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social aptitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness to study abroad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

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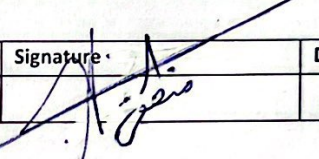
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Student Information (completed by Parent/Student)

Student Last Name	Student First Name	Date of Birth (mm/dd/yy)
Bakhshi	Shayan	01/14/2011

Parent/Student Consent (completed by Parent/Student)

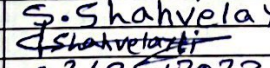
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Last Name/First Name	Relationship to Student	Signature	Date Signed (mm/dd/yy)
Manteghi / Somaye	Mother		02/25/2023

School Information (completed by school official)

Dear Teacher, Counsellor or Principal,

As part of the admission process, York Region District School Board requires an official (Principal, Teacher/Counsellor) to provide a recommendation on behalf of each student who enrolls with the school district. Your time to complete this form is very much appreciated. To ensure confidentiality, you may complete and email this form to admissions@yrdsb.ca. Alternatively, you may complete, sign, and return the form to the student or parent for submission with his/her application package.

School Name	Arshe Music School
Address	NO 40, Andishe St, Beheshti Ave.
City/Province/Country	Tehran/Iran
Telephone Number	0098 935 822 3714
Name (of person completing the form)	Sadeh Shahvelayati
Position Title	MUSIC Teacher
Email address	S.Shahvelayati@gmail.com
Signature	
Date Signed (mm/dd/yy)	02/25/2023

Student Feedback (comment on the student's performance)

Attribute	Excellent	Good	Satisfactory	Unsatisfactory
Academic ability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Organization and time management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent work skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social aptitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness to study abroad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: