

36 Regatta Ave., Richmond Hill ON L4E 4R1 Telephone: 905 884 2046 x 237 Emall: admissions@yrdsb.ca www.yrdsb.ca/admissions

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 Last Name	Student First Name			Date of Birth (mm/dd/y		
Bakhshi	Shayan			1,14,2		
Parent/Student Consent (cor	mpleted by Parent/S	Student)				
I hereby give consent to the school official na Board for the purpose of determining enrolm	med below to share informatio		nissions Office	of the York Region	on District School	
Last Name/First Name	Relationship to Student	Signature	1	Date Sign	ned (mm/dd/yy)	
lanteghil somage	Mother	1	- er	02	122/208	
sign, and return the form to the student or p				Alternatively, you	u may complete,	
sign, and return the form to the student or p School Name	Haz ratamir	er application	package.		u may complete,	
sign, and return the form to the student or p School Name Address	Haz ratamir 66, Peivandist	er application	package.		u may complete,	
sign, and return the form to the student or p School Name Address City/Province/Country	Haz ratamir	erapplication	package.		u may complete,	
sign, and return the form to the student or p School Name Address City/Province/Country Telephone Number	barent for submission with his/h Haz ratamir 66, Peivandi sti Tehran, Iran +98212222009	er application reet, Zafa	package. ar,Tehran		u may complete,	
sign, and return the form to the student or p School Name Address City/Province/Country	barent for submission with his/h Hazratamir bb, Peivandisti Tehran, Iran +98212222009 Ghaletogh Teacher	erapplication reet, Zafo 9 Norteza	package. ar,Tehran		u may complete,	
sign, and return the form to the student or p School Name Address City/Province/Country Telephone Number Name (of person completing the form)	barent for submission with his/h Haz ratamir 66, Peivandi sti Tehran, Iran +98212222009	erapplication reet, Zafo 9 Norteza	package. ar,Tehran		u may complete,	
sign, and return the form to the student or p School Name Address City/Province/Country Telephone Number Name (of person completing the form) Position Title	barent for submission with his/h Haz ratamir bb, Peivandi sti Tehran, Iran +98212222009 Ghale jogh N Teacher amir. school401(erapplication reet, Zafo 9 Norteza	package. ar,Tehran		u may complete,	
sign, and return the form to the student or p School Name Address City/Province/Country Telephone Number Name (of person completing the form) Position Title Email address	barent for submission with his/h Hazratamir bb, Peivandisti Tehran, Iran +98212222009 Ghaletogh Teacher	erapplication reet, Zafo 9 Norteza	package. ar,Tehran		u may complete,	
sign, and return the form to the student or p School Name Address City/Province/Country Telephone Number Name (of person completing the form) Position Title Email address Signature	parent for submission with his/h Haz ratamir bb, Peivandi sti Tehran, Iran +98212222009 Ghaletogh N Teacher amir. school401(er application reet, Zafo 9 Norteza Wg mail.	package. Ar,Tehran COM		u may complete,	
sign, and return the form to the student or p School Name Address City/Province/Country Telephone Number Name (of person completing the form) Position Title Email address Signature Date Signed (mm/dd/yy)	barent for submission with his/h Haz ratamir bb, Peivandi sti Tehran, Iran +98212222009 Ghaletogh Teacher amir. school401(-Shi 2,72, 2023 t on the student's pe	er application reet, Zafo 9 Norteza Wg mail.	package. Ar,Tehran COM		Unsatisfactory	
sign, and return the form to the student or p School Name Address City/Province/Country Telephone Number Name (of person completing the form) Position Title Email address Signature Date Signed (mm/dd/yy) Student Feedback (comment	barent for submission with his/h Haz ratamir bb, Peivandi sti Tehran, Iran +98212222009 Ghaletogh Teacher amir. school401(-Shi 2,72, 2023 t on the student's pe	erapplication eet, Zafa Aorteza a) g mail. erformance	ce)	,[ran		
sign, and return the form to the student or p School Name Address City/Province/Country Telephone Number Name (of person completing the form) Position Title Email address Signature Date Signed (mm/dd/yy) Student Feedback (comment	barent for submission with his/h Haz ratamir bb, Peivandi sti Tehran, Iran +98212222009 Ghaletogh Teacher amir. school401(-Shi 2,72, 2023 t on the student's pe	erapplication eet, Zafa Aorteza a) g mail. erformance	ce)	, [ran	Unsatisfactory	

Attribute	Excellent	Good	Satisfactory	Unsatisfactory
Academic ability	■ v			
Academic performance	ď			
Adaptability	V			
Attendance and punctuality	Ū			
Attitude toward school and school work	Ū			
Cooperation and working with others	□			
Leadership Initiative	D			
Organization and time management	o o			
Independent work skills	Ū			
Self-regulation /	O O			
Emotional stability	<u> </u>			
Social aptitude	☑			
Readiness to study abroad	0			

Additional Comments:

Personal information is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. For more information, contact the Department Principal, International Education Services, York Region District School Board (905-884-2046). YRDSB 2021



36 Regatta Ave., Richmond Hill ON L4E 4R1 Telephone: 905 884 2046 x 237 Emall: admissions@yrdsb.ca

www.yrdsb.ca/admissions

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 Last Name	Student First Nam			Date of 8	Birth (mm/dd/yy)
Bakhshi	Shayar				1412011
Dograma	Skajovi			1017	1110011
Parent/Student Consent (comp	pleted by Pare	nt/Student)		
I hereby give consent to the school official name Board for the purpose of determining enrolment	ed below to share infor			of the York Region	on District School
Last Name/First Name	Relationship to Stud	ent Signatur	e - /	Date Sign	ned (mm/dd/yy)
Manteghi Isomaye	mother		too	02,	12212023
School Information (complete	d by school off	licial	18		
	,,		J		
Dear Teacher, Counsellor or Principal, As part of the admission process, York Region	District School Board	requires an offici	al (Principal Te	acher/Counsellor	r) to provide a
recommendation on behalf of each student w	the enrolls with the so	hool district. You	r time to compl	ete this form is v	ery much
appreciated. To ensure confidentiality, you ma	v complete and email	this form to admis	sions@yrdsb.ca	Alternatively, you	u may complete,
sign, and return the form to the student or pare	ent for submission with	his/her application	on package.		
School Name	Hazrat Anir	Education	ral. comp	ege	
Address	NO 66, Pey	sandi, Zo	for		
City/Province/Country	To home, To	are			
Telephone Number	0098-222				
Name (of person completing the form)	Shervin F	athian			
Position Title	Teacher				
Email address		1401@gm	ail.com		
	1 1 1 10				
Signature	1 Slow				
Signature Date Signed (mm/dd/yy)		2023		and the second	
	1 2/22/	2023 's performa	ince)		
Date Signed (mm/dd/yy)	1 2/22/	's performa Excellent	ince)	Satisfactory	Unsatisfactory
Date Signed (mm/dd/yy) Student Feedback (comment o	1 2/22/	's performa Excellent			Unsatisfactory
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute Academic ability	1 2/22/	's performa Excellent	Good		
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute	1 2/22/	's performa Excellent	Good		
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute Academic ability Academic performance	1 2/22/	's performa Excellent	Good		
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute Academic ability Academic performance Adaptability Attendance and punctuality	1 2/22/	's performa Excellent	Good		
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute Academic ability Academic performance Adaptability Attendance and punctuality Attitude toward school and school work	1 2/22/	's performa Excellent D D	Good		
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute Academic ability Academic performance Adaptability Attendance and punctuality Attitude toward school and school work Cooperation and working with others	1 2/22/	's performa Excellent D D D	Good		
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute Academic ability Academic performance Adaptability Attendance and punctuality Attitude toward school and school work Cooperation and working with others Leadership Initiative	1 2/22/	's performa Excellent D D D D	Good		
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute Academic ability Academic performance Adaptability Attendance and punctuality Attitude toward school and school work Cooperation and working with others Leadership Initiative Organization and time management	1 2/22/	's performa Excellent D D D D D D D D D D D D D	Good		
Date Signed (mm/dd/yy) Student Feedback (comment of Attribute Academic ability Academic performance Adaptability Attendance and punctuality Attitude toward school and school work Cooperation and working with others Leadership Initiative	1 2/22/	's performa Excellent D D D D D D D D D D D D D	Good		

Additional Comments:

Readiness to study abroad

Social aptitude

Personal Information is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. For more information, contact the Department Principal, International Education Services, York Region District School Board (905-884-2046).

YRDSB 2021

Ø



36 Regatta Ave., Richmond Hill ON L4E 4R1
Telephone: 905 884 2046 x 237
Email: admissions@yrdsb.ca

www.yrdsb.ca/admissions

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	a lan	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 Educatinal. Complex
Address	NO 66, Peyvandi, zafar st.
City/Province/Country	Tehran. Iran
Telephone Number	0098-22221761
Name (of person completing the form)	Mir yaghoob Mousavi
Position Title	educational manager
Email address	amir.school401@gmail.com
Signature	M
Date Signed (mm/dd/yy)	

Student Feedback (comment on the student's performance)

Attribute	Excellent	Good	Satisfactory	Unsatisfactory
Academic ability				
Academic performance				
Adaptability	· Q′			
Attendance and punctuality				
Attitude toward school and school work				
Cooperation and working with others				
Leadership Initiative				
Organization and time management				
Independent work skills				
Self-regulation				
Emotional stability				The state of the s
Social aptitude				,
Readiness to study abroad	ď			iLvs . 🔲 .

Additional Comments:

Personal information is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. For more information, contact the Department Principal, International Education Services, York Region District School Board (905-884-2046).

YRDSB 2021



36 Regatta Ave., Richmond Hill ON L4E 4R1
Telephone: 905 884 2046 x 237

Email: <u>admissions@yrdsb.ca</u> <u>www.yrdsb.ca/admissions</u>

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 (complete	ed by	Parent/Stud	ent)				
Student Last Name	Student First Name				Date of Birth (mm/dd/yy)		
Bakhshi	Shayan				01/14/2011		
Parent/Student Consent (comp	plete	d by Parent/S	tuden	t)			
I hereby give consent to the school official name Board for the purpose of determining enrolment			n with the	Admissions Offic	e of the York Region	on District School	
Last Name/First Name	Relationship to Student Signature Date Signed (mm/d					ned (mm/dd/yy)	
Manteghi / somaye							
School Information (complete			Y.	1.0			
Dear Teacher, Counsellor or Principal, As part of the admission process, York Region recommendation on behalf of each student w appreciated. To ensure confidentiality, you masign, and return the form to the student or pare	ho enro y comple ent for su	lls with the school dete and email this for	istrict. You m to <u>admi</u> er applicati	ir time to comp ssions@yrdsb.ca ion package.	lete this form is v	ery much	
School Name	MIS	40, Andish	0 5+	Babas	hti Ave.	m Kalastera na sembara	
Address (Country)				Denes	MIII PIVE.		
City/Province/Country	10	hran/Irai 98 935 82	2 37	14			
Telephone Number Name (of person completing the form)	00	deah sho	huel	ayati	Part Service Inc.		
Position Title	01	MOSC TOO	10 40				
Email address	5	Shahvela	YA+ i	Q Gima	il.com		
	de	hatvelasti	10				
Date Signed (mm/dd/yy)		12512023	3			Alleria Service	
Student Feedback (comment o				nce)			
A SECOND CONTRACTOR OF THE SECOND CONTRACTOR O	Marine -		ellent	Good	Satisfactory	Unsatisfactory	
Academic ability	The state of			B			
		CONTRACTOR DESCRIPTION					
Academic performance				- F			
Adaptability		THE RESIDENCE OF STREET STREET, STREET			1 5		
Attendance and punctuality	-	A STATE OF THE PARTY OF THE PAR			+		
Attitude toward school and school work	-	Charles and the Control of the Contr					
Cooperation and working with others		The second secon					
Leadership Initiative				<u> </u>			
Organization and time management	ich mile	The state of the s					
Independent work skills	7176		Z				
Self-regulation	name of the			<u> </u>			
Emotional stability		The same of the sa					
Social aptitude			2				

Additional Comments:

Readiness to study abroad

Personal information is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. For more information, contact the Department Principal, International Education Services, York Region District School Board (905-884-2046).