



## Admission Application for the Bilingual Section (Seconde)

Name of Student: \_\_\_\_\_

Date of application: \_\_\_\_\_

1. How long have you known this student academically? \_\_\_\_\_

As a person? \_\_\_\_\_

2.a. Are you teaching the student this academic school year? (circle)      Yes      No

If no, what years did you teach the student? \_\_\_\_\_

2.b. How large is/was the class?

\_\_\_\_\_

2.c. What courses did you teach this student?

\_\_\_\_\_

\_\_\_\_\_

3. Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How accurately does the student read and understand what he or she has read? (circle)

*Excellent*

*Above Average*

*Average*

*Below Average*

*Very Poor*

5.a. How well does the student write in comparison with other students whom you have taught?

*Excellent*

*Above Average*

*Average*

*Below Average*

*Very Poor*

5.b. Please add any specific information about areas of strength and weakness:

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6. How well does the student accept advice or criticism?

*Excellent*

*Above Average*

*Average*

*Below Average*

*Very Poor*

7. Please tick the level you feel best suits the student for the following areas:

<b>Area:</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Very Poor</b>
<b><i>Academic achievement</i></b>					
<b><i>Intellectual Curiosity</i></b>					
<b><i>Effort/Determination</i></b>					
<b><i>Ability to work independently</i></b>					
<b><i>Ability to work in groups</i></b>					
<b><i>Willingness to take intellectual risks</i></b>					
<b><i>Maturity</i></b>					
<b><i>Creativity</i></b>					
<b><i>Organization</i></b>					

8. What are the first three words that come to mind to describe this student?

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9. Please comment on the student's character and contributions in the school.

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10. Do you have any additional information to add that would be helpful for the student's application?

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School's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Signature : \_\_\_\_\_

***Please send this application form directly to the school at the following address:***

***Collège Sévigné S.I. Admissions  
28 rue Pierre Nicole  
75005 Paris***



28 rue Pierre Nicole - 75005 Paris  
Tél : 01.53.10.14.14 – Fax : 01.53.10.14.15 – Mèl : [secretariat@collegesevigne.fr](mailto:secretariat@collegesevigne.fr)  
SIRET : 7842593600016 - NAF : 8520Z - [www.collegesevigne.org](http://www.collegesevigne.org)