



CONFIDENTIAL LETTER

To be completed by the school that the learner currently attends.

Please complete this letter and send directly to admissions@theway.co.za

LEARNER DETAILS

Name of Learner: _____ Current Grade: _____

Age: _____ Date of Birth: / /

ACADEMIC

Does the learner's academic performance reflect his/her capability? YES NO

The learner's academic results fall in the: Top Middle Bottom of the GRADE performance

English _____ % or Level _____

Afrikaans _____ % or Level _____

Mathematics _____ % or Level _____

SKILLS

Please rate the learner on the following scale:

4 – Exceptional

3 – Good

2 – Average

1 – Below Average

- Concentration
- Following instructions
- Independence
- Listening skills
- Meeting deadlines
- Presentation of work
- Appearance
- Self-control

- Reading ability
- Study habits
- Task completion
- Absenteeism
- Acceptance of responsibility
- Adherence to Code of Conduct
- Behaviour
- Involvement in school life

- Group participation
- Interaction with peers
- Leadership skills
- Problem solving ability
- Reliability
- Respect for superiors
- Courtesy
- Parent involvement

Where every student matters; every moment counts

SCHOOL FEES

Please select the appropriate comment:

Are the school fees: Fully paid Largely paid Largely unpaid Unpaid

Have you experienced difficulties with school fee collection?

YES

NO

DISCIPLINE

Has the learner been involved in any of the following?

- | | | |
|--|---|---|
| <input type="checkbox"/> Disturbance in class | <input type="checkbox"/> Disrespect | <input type="checkbox"/> Work not done |
| <input type="checkbox"/> Gang-related activities | <input type="checkbox"/> Books left at home | <input type="checkbox"/> Swearing |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Smoking | <input type="checkbox"/> Dealing in/taking drugs |
| <input type="checkbox"/> Bullying / Fighting | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Drinking alcohol at school |

Has the learner ever been suspended?

YES

NO

Has the learner ever been expelled?

YES

NO

Parental involvement in the school (*please specify*):

Should we accept this learner, is there any relevant information (positive/negative) you would like to draw to our attention; (e.g. family, remedial, emotional, medical, ability to adapt, etc.):

Thank you very much for completing this form and for your valuable input.

School Stamp:

Signature:

Date:

Principal / HOD / Class

(Please select appropriate)

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