



CONFIDENTIAL LETTER

To be completed by the school 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 (dd/mm/yyyy): ____/____/____

ACADEMIC

Does the learner's academic performance reflect his/her capability?

| | |
|-----|----|
| YES | NO |
|-----|----|

Has the learner been assessed by an Education Psychologist/Occupational Therapist?

| | |
|-----|----|
| 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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|---------------|--|------------------------|--|--------------|--|------------------|--|-------------------|--|----------------------|--|------------|--|--------------|--|--|-----------------|--|--------------|--|-----------------|--|--------------------|--|------------------------------|--|------------------------------|--|-----------|--|----------------------------|---|--|---------------------|--|------------------------|--|-------------------|--|-------------------------|--|-------------|--|-----------------------|--|----------|
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| | Concentration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Following instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Independence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Listening skills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Meeting deadlines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Presentation of work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Appearance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Self-control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reading ability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Study habits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Task completion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Parent involvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ABSENTEEISM

Number of days absent to date: _____



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"/> | Gang-related activities | <input type="checkbox"/> | Disrespect | <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 |

Have there ever been any problems with:

Disturbance in class:

Books left at home:

Work not done:

| | |
|-----|----|
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |

Has the learner ever been suspended?

Has the learner ever been expelled?

In the event of the learner having been suspended or expelled, please provide reasons.

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.

Signature:
Principal/HOD/Class teacher

Date:

School stamp