



Lilyfontein School

Your adventure starts here!

Tel: 043 737 4258
Fax: 043 737 4363

P.O Box: 2007 | Beacon Bay | 5205
Email: reception@lilyfontein.co.za
Website: www.lilyfontein.co.za

Emis Nr.: 200200359
PBO Nr.: 930040825

CONFIDENTIAL REPORT

TO BE COMPLETED BY PUPIL'S CURRENT SCHOOL
(Please e-mail back to admissions@lilyfontein.co.za)

As the parent/guardian, I hereby give the school permission to share the information requested below.

SECTION A

Name of pupil: _____ ID Number: _____
Name of Current School: _____ Current Grade: _____

SECTION B

1. Academic Performance (Please circle applicable answer)

Does the pupil's academic performance reflect his or her capability? YES / NO
This pupil's academic results fall into which third of his/her grade? TOP / MIDDLE/ LOWER

2. Skills

Please rate him/her on the following scale:

EXCELLENT	GOOD	AVERAGE	WEAK	VERY WEAK
5	4	3	2	1

Working Skills		Social Skills	
Concentration		Self-control	
Listening skills		Acceptance of responsibility	
Following instructions		Group participation	
Task completion		Courtesy	
Presentation of work		Behaviour	
Meeting deadlines		Respect for superiors	
Fluency in English		Appearance	
Fluency in Afrikaans		Leadership skills	
Mathematical ability		Reliability	
Study habits		Problem solving ability	
Reading ability (score on reading test?)		Adherence to code of conduct	

3. Involvement in School Life

Please rate him/her on the following scale:

EXCELLENT	GOOD	AVERAGE	WEAK	VERY WEAK
5	4	3	2	1

Sport		Societies	
Culture		Attendance of School	
Attendance of extra-murals			

4. General Information

Please indicate with an X where applicable:

EXCELLENT	Would be a great asset to Lilyfontein School	
VERY GOOD	Would be a definite asset to Lilyfontein School	
GOOD	Would be an asset to Lilyfontein School	
AVERAGE	Indifferent	
WOULD NOT CONTRIBUTE MUCH...	Or gain much from attending Lilyfontein School	



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Are the pupil's parents involved in or supportive of the school? YES / NO

If yes, please elaborate: _____

What are the current annual school fees for his / her Grade? _____

Have you experienced any difficulties with school fee collection? YES / NO

If yes, please elaborate: _____

5. Discipline

Has any disciplinary action been taken against the pupil for any of the following offences? Please indicate with an X where applicable?

Disruptive in class		Books left at home	
Swearing		Work not done	
Gang related activities		Stealing	
Smoking		Dealing in or taking drugs	
Bullying / fighting		Insolence	
Vandalism			

Is there anything else you feel we should know about this pupil?

Principal's name: _____ Signature: _____

Date: _____

School Stamp:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM