



PRE-PRIMARY 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

Please rate the pupil on the following scale:

EXCELLENT	GOOD	AVERAGE	WEAK	VERY WEAK
5	4	3	2	1

Working skills		Social skills	
Concentration		Self-control (makes good choices)	
Listening skills		Shows responsibility for age	
Following instructions		Group participation	
Task completion		Courtesy	
Presentation of work		Behaviour	
Fine motor skills		Respect for others	
Speaks clearly and can hold a conversation		Looks after belongings and items	
Number concept		Can share and wait their turn	
Gross motor skills		Is potty trained	
Enjoys coming to school		Separates easily from parents	

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



Lilyfontein School

Your adventure starts here!

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Email: reception@lilyfontein.co.za
Website: www.lilyfontein.co.za

Emis Nr.: 200200359
PBO Nr.: 930040825

SECTION C

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

If yes, please elaborate: _____

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

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

If yes, please elaborate: _____

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	

Principal's name: _____

Signature: _____

Date: _____

School stamp:



THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM