



HATFIELD Christian School

Training Leaders to Serve Nations

CONFIDENTIAL REPORT SENIOR PRIMARY - GRADE 4 - 6

Date: _____

STRICTLY CONFIDENTIAL - THIS FORM IS TO PLEASE BE COMPLETED IN FULL BY THE PRINCIPAL/VICE PRINCIPAL OR ACADEMIC HEAD OF THE APPLICANT.

Dear Sir or Madam,

The pupil named hereunder has applied for admission to Hatfield Christian School. Please would you be so kind as to complete this assessment form at your earliest convenience, as it forms part of our application process.

Please complete all fields.

Please send this directly to the school via email: admissions@hatfieldcs.co.za

SCHOOL HISTORY

Surname and first name(s) of Pupil: _____

Name of Current School: _____

Number of years in Current School: _____

Name of Previous Schools (if any): _____

Date of Birth: _____ Present Grade: _____

INVOLVEMENT IN SCHOOL LIFE

Please rate the pupil on his/her involvement in school life by using the following scale:

Outstanding	Good	Average	Weak
4	3	2	1

Sport		School Attendance	
Culture		Conduct	
School community events		Other	

Comments

ACADEMIC

What is the number of students in the grade in which the pupil is at present? _____

What is the pupil's position in relation to his/her present grade group? _____

Intellectual Ability

Above Average

Average

Below average

SUBJECT	PUPIL'S AVERAGE	GRADE AVERAGE
English		
First Additional Language (specify)		
Mathematics		

Has this pupil received any support during tests or examinations (e.g. reader / scribe / extra time / computer / prompter)?

Yes No

If yes, please specify below:

Has academic support been requested by anyone or recommended by the school?

Yes No

If yes, please specify below:

Referral by yourselves to any of the following?

Occupational Therapy

Speech Therapy

Educational Psychologist

Neurologist

Clinical Psychologist

Social Worker / Play Therapist

Other: Please specify below:

SKILLS

Please rate the pupil's skill set by using the following scale:

Outstanding	Good	Average	Weak
4	3	2	1

Work ethic		Social skills	
Following instructions		Self-control	
Completing homework		Acceptance of responsibility	
Meeting deadlines		Helpfulness	
Respect for authority		Courtesy	
Appropriate social engagement		Group participation / Team work	

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		Inappropriate sexual behaviour	
Foul language		Abusive behavior (physical / verbal)	
Bullying		Vandalism	
Inappropriate use of Social Media		Theft	
Inappropriate social conduct		Insolence	
Other:			

Please specify if there have been any disciplinary concerns in the child's record at your school (E.g. smoking, vaping, substance abuse, habitual inappropriateness.)

Have there been any concerns that have lead to parental intervention or disciplinary action, such as a letter of warning or hearing.

GENERAL

Do the pupil's parents play a supportive role in his/her life at school? Please indicate with an X where applicable:

- Undoubtedly
 To an Extent
 It is a Concern

Any other relevant information?

Any known problems (educational or otherwise)?

Would you recommend this child to our school and why?

- Yes
 No

Name of the person who completed this form: _____

Designation: _____ Signature: _____

Signed at _____ on this _____ day of _____

Principal/Headmaster's Name: _____