



Agapé Christian School

PO Box 5445, Kockspark, 2523

Tel: 018 - 294 8621

info@agapecs.co.za

Administrator: W vd Bergh

Principal: CG Botha



CONFIDENTIAL REPORT

TO BE FILLED IN BY PRINCIPAL OR HEAD OF DEPARTMENT OF APPLICANT'S CURRENT SCHOOL AND RETURNED TO AGAPÉ CHRISTIAN SCHOOL BY EMAIL.

Surname of Applicant: Name of Applicant: Date of Birth: Current Grade: No. of years present at school: Present School: School's Telephone no: School's email address:	<i>School Stamp</i>
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Please complete the following using this scale:
0=Very Poor; 1=Weak; 2=Fair; 3=Average; 4=Good; 5=Excellent

	0	1	2	3	4	5
Mathematics						
English	Written Work					
	Spoken English					
Afrikaans						
Overall Academic Ability						
Application to Work						
Leadership						
Behaviour and Discipline						
Attendance						
Parental Involvement, Attitude, Co-operation						
To what extent are school fees paid						
Health						
Social Interaction with other people.						

Please state any learning problems:

Comments:

Designation:

Signed: