

245 Glover Ave  
Lyttelton AH,  
Centurion

P.O Box 16968  
Lyttelton  
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info@villagemontessorischool.co.za  
www.villagemontessorischool.co.za



Tel 012 664 2944

School Reg. 211888 & 400148

## CONFIDENTIAL REPORT

This report is to be returned directly to Village Montessori School by e-mail to [info@villagemontessorischool.co.za](mailto:info@villagemontessorischool.co.za) after completion by the most relevant person at the current school.

STUDENT'S DETAILS	
Name of student:	
Current school:	
Current grade:	
Number of years at current school	
RSA Citizen?	YES NO
If not, nationality?	
Date of entry into South Africa?	

DETAILS OF PERSON COMPLETING THIS FORM	
Name and Surname:	
Position at school and relationship to student:	
Contact information:	

ACADEMIC	Very Good 80% +	Good 60% -70%	Average 50% - 60%	Below Average Less than 50%
English First Language:				
Afrikaans Second Language:				
French Third Language [if applicable]:				
Mathematics:				
Sciences:				
Overall Academic Ability:				
Application to work:				
Ability to work independently:				
Completion of homework:				
Class engagement:				
Special Education Needs:	YES NO			

General comment:	
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<b>GENERAL BEHAVIOUR</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>
Response to discipline				
Interaction with staff				
Interaction with peers				
Adherence to school rules and ethos				
Has the student ever presented as a disciplinary problem at school?	<b>YES      NO</b>			

<b>PARENTAL SUPPORT</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>
Involvement in the student's schooling				
Interaction with staff				
Involvement in the broader school life				
Support for the school's ethos and code:				
School fee payment:				
Are school fees paid in full?				
General Comment:				

Relevant information you would like to draw our attention to should we consider accepting this child:

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<b>SIGNATURE:</b>	
<b>NAME:</b>	
<b>POSITION:</b>	
<b>DATE:</b>	
<b>SCHOOL STAMP:</b>	