



THE JOY OF LEARNING



APPLICANT ASSESSMENT

To whom it may concern:

The Student named hereunder has applied for admission to Oakhill School. Please would you be so kind as to complete the assessment below at your earliest convenience, as it forms part of our application process. Please send this directly to the school for the attention of Lyndall Hill via email l.hill@oakhill.co.za.

SECTION A
(to be completed by Head of present school)

Name of Student: _____

Current School: _____

Current Grade: _____ School Email: _____

School Tel No.: _____ School Fax No.: _____

Father's Cell No.: _____ Mother's Cell No.: _____

Father's Email: _____ Mother's Email: _____

SECTION B

1. Academic

Does the Student's academic performance reflect his/her capability?

This Student's academic results fall into which third of his/her grade?

YES		NO	
TOP	MIDDLE	LOWER	

2. Skills

Please rate the Student 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	
Facility with English		Appearance	
Facility with Afrikaans		Leadership skills	
Facility with Mathematics		Reliability	
Study habits		Problem solving ability	
Reading ability (score on reading test?)		Adherence to Code of Conduct	



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3. Involvement in School Life

Please rate the Student on the following scale:

EXCELLENT	GOOD	AVERAGE	WEAK	VERY WEAK
5	4	3	2	1

Sport		Societies	
Culture		Attendance at School	
Attendance at Extra murals			

4. General Information

Please indicate with an X where applicable.

EXCELLENT	would be a great asset to Oakhill School	<input type="checkbox"/>
VERY GOOD	would be a definite asset to Oakhill School	<input type="checkbox"/>
GOOD	would be an asset to Oakhill School	<input type="checkbox"/>
AVERAGE	indifferent	<input type="checkbox"/>
WOULD NOT CONTRIBUTE MUCH	or gain from Oakhill School	<input type="checkbox"/>

Were the Student's parents involved in and/or supportive of the School?

YES	NO
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Please specify _____

What are your annual school fees? _____

Have you experienced difficulties with school fee collection?

YES	NO
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5. Discipline

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

Disruptive in class	<input type="checkbox"/>	Books left at home	<input type="checkbox"/>
Swearing	<input type="checkbox"/>	Work not done	<input type="checkbox"/>
Gang-related activities	<input type="checkbox"/>	Stealing	<input type="checkbox"/>
Smoking / vaping	<input type="checkbox"/>	Dealing in/ taking drugs	<input type="checkbox"/>
Bullying/ fighting	<input type="checkbox"/>	Insolence	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>		<input type="checkbox"/>

Is there anything else you feel we should know about the Student?

Head's Name: _____

Signature: _____

Date: _____

School stamp: _____

Thank you for taking the time to complete this form.