



# Registration Information

## Step 2

### *School Evaluation*

# Transferring Information

Dear School, thank you for taking a few minutes to assist us with a new registration. The student bearing this form would like to transfer. For us to properly assess if we would be able to accommodate the student we need some information. Please be as thorough, truthful and honest as possible. Your co-operation will be greatly appreciated.

## Personal Information

Name and Surname:

Last Grade:

Date of Birth:

ID number:

Financial Status: (paid on time, in full; in arrears; late payments, etc)

Grade the student started at your school:

Grades Repeated:

Reasons for Repeat:

Please indicate any indication or suspicion of the following barriers:

ADD/ADHD:

Learning Disability:

Behavioral problems:

Autism:

Social/Emotional problems:

If yes to any of these, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever had any behavioural detentions/disciplinary action taken against him/her? Please provide details. (What was it for? What was the sanction? Was the student suspended/expelled?)

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Please comment on the character of the student.

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The following needs to be completed by each subject teacher. The HOD **MAY NOT** complete the subject sections as detailed information is required.

**Mathematics**

Please honestly rate the student on the following:

	<u>Excellent</u>	<u>Moderate</u>	<u>Weak</u>
<input type="checkbox"/> Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ability to work on his/her own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Times Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homework done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Students' Attitude towards subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments: \_\_\_\_\_

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**Social Studies / Science**

Please honestly rate the student on the following:

	<u>Excellent</u>	<u>Moderate</u>	<u>Weak</u>
<input type="checkbox"/> Homework done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ability to work on his/her own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Comprehension of material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Students' Attitude towards subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**English Main Language**

Please honestly rate the student on the following:

	<u>Excellent</u>	<u>Moderate</u>	<u>Weak</u>
<input type="checkbox"/> Ability to verbally communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Comprehension on reading material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Times Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homework done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Students' Attitude towards subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Afrikaans Second Language

Please honestly rate the student on the following:

	<u>Excellent</u>	<u>Moderate</u>	<u>Weak</u>
<input type="checkbox"/> Ability to verbally communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Comprehension on reading material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Times Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homework done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Students' Attitude towards subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please email the completed form directly to: [secretary@aletheiacc.co.za](mailto:secretary@aletheiacc.co.za)**

**Enquiries: 034 318 1559**

Date completed: \_\_\_\_\_

Initials and surname: \_\_\_\_\_

School stamp: