



# WILLOW ACADEMY

Cedar Road, Fairview, Port Elizabeth, 6070 | P.O. Box 34443, Newton Park, 6055 | Tel: +27 (0)41 008 5007

THIS SECTION NEEDS TO BE COMPLETED BY THE APPLICANT'S PREVIOUS SCHOOL

This document needs to be emailed to [admissions@willowacademy.co.za](mailto:admissions@willowacademy.co.za)

## APPLICANT'S CURRENT / PREVIOUS SCHOOL

Name of Applicant					
Current school attended				Present Grade	
Full address of school					
Telephone Number			Email		
Date of leaving			Reason for leaving		
Days absent to date		Has the applicant repeated a Grade?	Yes	No	If YES, which grade?
Does the applicant actively participate in the school's sports and culture program?	Yes	No	If NO, specify reason		
			If Yes, which sport code		
Please list any of the applicant's achievements at their current or previous school					
Academic			Cultural		
Sport			Leadership		
Fees are R_____ per month or R_____ per year					

## ACADEMIC AND SOCIAL SKILLS

Please rate him/her	EXCELLENT	GOOD	AVERAGE	WEAK	VERY WEAK
	5	4	3	2	1
Listening skills		Behaviour			
Concentration		Courtesy			
Reading ability		Respect			
Mathematical ability		Social interaction			
Handwriting		Appearance			
English comprehension		Self - control			
Afrikaans comprehension		Acceptance of responsibility			
Following instructions		Adherence to code of conduct			
Task completion					

## DISCIPLINARY RECORD OF APPLICANT

Please indicate with a ✓ if the learner has been involved with any of the following:

Disruptive in class		Damaging school property	
Bullying/ fighting		Work not done	
General comments:			
Completed by School Principal ( Name & Surname)			
Signature of Principal:		Date:	

School Stamp

