



LAWSON BROWN HIGH SCHOOL

Illingworth Street
Millard Grange
Port Elizabeth
6001
Tel: (041) 374-3172
Fax: (041) 373-3484
Email: lawsonbrown@mweb.co.za

TO BE COMPLETED BY CURRENT SCHOOL THAT THE LEARNER IS ATTENDING

CONFIDENTIAL REPORT : ADMISSION TO SCHOOL

The following pupil has applied for admission to Lawson Brown High School. Kindly complete this form as it must be submitted with the learner's application. Thank you for your co-operation.

Complete the following information in the space provided or mark with an X in the box as applicable :

Full Name of applicant :		Applying for Grade :					
Date of Birth :		Present Grade :					
Name of current school :							
Tel No of current/previous school :				Fax No of current/previous school :			
ACADEMIC PERFORMANCE	Compared to the current class, he/she is in the :	TOP		MIDDLE		BOTTOM	
		Third		Third		Third	
EFFORT APPLIED	Exceptionally Conscientious		Conscientious		Not particularly conscientious		
EXTRA-MURAL INVOLVEMENT							
SPORT				LEVEL OF INVOLVEMENT (1st team/Provincial/Participant, etc)			
CLUBS/SOCIETIES : To which clubs and societies does the pupil currently belong? How involved?							
MUSIC : State any particular interest, achievement, level of participation.							
SERVICE : What contribution has he/she made in school or community service?							
LEADERSHIP : Please state particulars of any Leadership position held -							
BEHAVIOUR/ATTITUDE	Exemplary		Good		Satisfactory		Not Satisfactory
Fees are R _____ per month / R _____ per year							
SCHOOL FEES	Paid up to date		In arrears		Amount In arrears :		

Signature of Principal/Designee _____

Date: _____

School Stamp: _____