



061113

We would be grateful if you would complete the following testimonial for a learner who has made application at our school. Upon completion, you may either return the form to the applicant, or send the form directly to us using the details provided below:

TESTIMONIAL FORM

DATE:

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d d m m y y

LEARNER DETAILS

NAME: _____

SURNAME

FIRST NAME (S)

DATE OF BIRTH:

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d d m m y y

PRESENT GRADE: _____

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LURITS NUMBER

PRESENT SCHOOL: _____

Please use the following scale when making your testimonial:

① WEAK

② FAIR

③ AVERAGE

④ GOOD

⑤ EXCELLENT

Place a tick in the appropriate column		①	②	③	④	⑤
1	Academic achievement					
2	Sports achievement					
3	Cultural achievement					
4	Leadership ability					
5	Discipline					
6	Character and Personality					
7	Payment of School Fees					
8	Level of parental involvement					
9	Attendance					

Special Achievements _____

Any known problems _____

Any further comments _____

Thank you for your honesty and co-operation

SIGNATURE OF PRINCIPAL

DATE

When this form is complete, you may send it to us by fax or email:
 FAX: (011) 614 8780, head@dominican.co.za

Questions? PHONE: (011) 614 6943

Dominican Convent School believes in equality of opportunity serving the community as a centre for excellence in education for over 100 yrs.

Place School Stamp Here