

**HIGH SCHOOL RECOMMENDATION FORM**

**CONFIDENTIAL LEARNER REPORT FOR BIZWENI PRIMARY ADMISSIONS DEPARTMENT**

Kindly complete this form and email it directly to [admin@bizweniprimaryschool.co.za](mailto:admin@bizweniprimaryschool.co.za). This form may be completed by the class teacher or principal at the learner's current school.

Name and Surname:		Current Grade:	
Date of Birth:		Date the learner started at the school:	

1. Please provide a brief character reference for the learner:


2. Does the child have any learning barriers? Please include whether they attend any therapies.


3. Please complete the table below using the scale provided.

Criteria	Excellent	Good	Average	Poor
Academic Ability				
Work Ethic				
Social Interaction				
Behaviour and Respect				
Responsibility and leadership				
Participation in School Life				

4. Completed by:

Name and Surname:		Designation:	
School Stamp:			