

Private Bag X6
 Scottsville
 3209
 Tel: 033 394 8252
 Fax: 033 394 6059
 www.alexhigh.org.za



ALEXANDRA HIGH SCHOOL

53 ALEXANDRA ROAD • SCOTTSVILLE
 PIETERMARITZBURG • KWA ZULU NATAL

New Learner Behaviour Report

| | |
|--|---|
| Name of learner: _____ Present School: _____ | Name of Parent: _____ |
| Academics / Work Ethic: Please rate below: <input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent | Behaviour: Please rate below: <input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent |
| Number of days absent: _____ | Have the parents been called in to discuss any serious offences? |
| Finances: School fees paid up? <input type="checkbox"/> Yes <input type="checkbox"/> No Past fees handed over? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: |

Name of person filling in the form: _____

Principal's signature: _____

Date: _____

SCHOOL STAMP