

PO BOX 282
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6105

Sunland
6105

HERMITAGE HOUSE

Tel: 060 746 5814



Established 2013

E-Mail: info@hermitagehouse.co.za
Web: www.hermitagehouse.co.za

BELIEVE STRIVE ACHIEVE

CONFIDENTIAL REFERENCE

Dear Colleague

CONFIDENTIAL REFERENCE

In order to assist us in our admissions procedures, we ask interested families to provide us with a reference from their current school. Your knowledge and understanding of the pupil will be most helpful to us.

Please complete this Confidential Reference and return it to Hermitage House at your earliest convenience.

Please send the completed document via email: info@hermitagehouse.co.za

Yours sincerely



Ryno von Waltzleben
Headmaster



CONFIDENTIAL REFERENCE
(to be completed by the Class teacher)

Pupil's First Names: _____ Surname: _____

Name of Current School: _____ Current Grade: _____

1. In which year and grade did the pupil first enroll at your school? _____

2. Please provide details below that relate to any instance where the pupil has been the subject of any disciplinary hearings or received any disciplinary sanctions (e.g. detention, community service, suspension or expulsion) at your school or any of the schools that have been attended previously.

3. Has the pupil been assessed by or consulted with any of the following whilst at your school?

Speech Therapist / Audiologist	Yes	No	Occupational Therapist	Yes	No
Psychologist (Clinical / Educational)	Yes	No	Psychiatrist	Yes	No
Family Counsellor / Therapist	Yes	No	Other Counsellors	Yes	No

Where professionally permissible, please provide details regarding the above.

4. Please make a brief comment on the following facets of the pupil's involvement in school life:

CATEGORY	COMMENTS
Academic Aptitude	
Appearance & Manners	
Attitude toward Staff	
Behaviour in Class	
Christian Values & Example	
Clubs & Societies	
Community Outreach	
Cultural Activities	
Emotional Maturity / EQ	
Homework	
Leadership & Influence	
Learning Obstacles	
Musical Ability	
Parental Involvement	
Peer Relationships	
Responsibility	
Self-Discipline	
Sport	

Class teacher: _____

Department Head: _____

Headmaster: _____

School Stamp

PAYMENT DETAILS TO BE COMPLETED BY BURSAR AT PRESENT SCHOOL

CONTACT PERSON/BURSAR at present school:			
NAME OF PERSON responsible for payment of fees:			
Annual School fees:			
How are the fees paid:	Debit order	Cash	Bank Transfer
Monthly payments:		Overdue Balance owing as at date of application:	

Signed by Bursar: _____

Date: _____

SCHOOL STAMP