

INFORMATION FROM LAST SCHOOL YEAR

(to be filled in by the Principal or Class Teacher)

Name of School: _____ Last standard/form reached: _____

Final grades earned in: English _____ Math _____ Science _____
Social Studies _____ Behaviour _____ Effort _____

P.S.E. Grades: English _____ Math _____ Science _____

Do you recommend this student for the YWCA’s Helping Early Leavers Programme? Yes ___ No ___

DECLARATION

(Important: This Declaration can only be signed by a legal guardian of the student.)

I _____ solemnly promise that upon acceptance of _____
(name of parent/guardian) (name of student)
to the Helping Early Leavers Programme of the YWCA, I will fully support the student in all financial, academic and disciplinary efforts. I also promise to be up-to-date in payment for fees and other financial obligations. **Registration fee and the first month’s fees are due at the time of acceptance. Other fees to be paid at the beginning of each month.**

AUTHORIZATION

I authorize the YWCA to conduct drug testing and/or pregnancy testing on my child if reasonable suspicion develops.

Signature Date

For official use only

P.S.E. Certified: _____
Status: (a) Accepted _____ (b) Rejected _____
Reasons: _____

Administrator’s signature: _____ Date: _____

For Administration Use Only:

Amount received: _____ Method of payment: _____
Date received: _____ Received by: _____