Gifted Paths Foundation

Back to School Intake Form — Return (Stream 2)

CAC Reg. No. 9555751 · SCUML SC 251433183

For anyone referring a child who has already dropped out of school — a teacher, community mobiliser, pastor, parent, or neighbour. You do not need to be a teacher. Please complete what you know; we will take it from there.

All information is treated as strictly confidential.

THE CHILD

Child's full name

Approximate age / DOB (if known)

Gender

Last class attended

Last school (if known)

How long out of school

BACKGROUND

Reason for leaving school

☐ Fees ☐ Family crisis ☐ Illness ☐ Relocation ☐ Other

Academic ability before leaving

FAMILY / GUARDIAN

Parent or guardian name

Relationship to child

Phone

Home address / community (LGA, State)

Is the family willing to re-enrol the child?

☐ Yes ☐ No

Guardian signature

Date

REFERRER (YOU)

Your name

Relationship to the child

Your role

☐ Teacher ☐ Mobiliser ☐ Pastor ☐ Parent ☐ Neighbour ☐ Other

Phone

Email

FOR GPF OFFICE USE ONLY

Time out of school

Academic history

Family readiness

100-point total / 100

Recommended placement

Catch-up needed before placement?

☐ Yes ☐ No

Assessor

Date