Gifted Paths Foundation

EduCare Intake Form — School Support (Stream 1)

CAC Reg. No. 9555751 · SCUML SC 251433183

For a teacher or school head nominating a child who is currently enrolled but at risk of dropping out. Please complete in block letters. A counter-signature by the school head is required.

All information is treated as strictly confidential.

THE CHILD

Child's full name

Date of birth / age

Gender

Current class / level

School name

School address (LGA, State)

ACADEMIC PROFILE

Recent position / grade

Attendance (regular / irregular)

Strongest subjects

Teacher's note on the child's potential

FINANCIAL SITUATION

Parent / guardian name

Relationship to child

Guardian status

☐ Widow ☐ Single parent ☐ Both parents ☐ Other

Household occupation / main earner

Reason fees cannot be paid

Outstanding fees — term

Amount (¦)

DROPOUT RISK

Has the child missed school due to fees before?

☐ Yes ☐ No

Likelihood of not returning without support

☐ High ☐ Medium ☐ Low

NOMINATING TEACHER

Name | **Position**

Phone | **Email**

SCHOOL HEAD ENDORSEMENT

Name | **Position**

Signature | **Date**

School stamp

FOR GPF OFFICE USE ONLY

100-POINT ASSESSMENT

Academic potential / 30 | **Financial need / 30**

Attitude / 20 | **Dropout risk / 20**

Total / 100 | **Decision**

Assessor | **Date**