



Arabella Christian College

16 Hibiscus Rd, Braelyn, East London, 5201

Tel: 043 023 0288 | 043 722 1315

admin@arabellachristiancollege.co.za

RE: Learner Transfer Information

Learner's Name: _____

Current Grade: _____

Date of Birth: _____

Please complete the following:

1. Dates attended at your school: _____
2. School fees paid up to date. Yes No
If no, amount outstanding: R_____
3. Academic progress: Good Satisfactory Needs Support
4. Behaviour & discipline: Good Satisfactory Cause for Concern
5. Attendance: Regular Irregular
6. Parent/guardian involvement: Active Limited

Additional comments (optional):

Completed by: _____

Designation: _____

Date: _____ Signature: _____



Please return this form to Arabella Christian College via email at

admin@arabellachristiancollege.co.za.

**Kindly also provide a hard copy to the parent/guardian for submission to our
office.**