

BLUFF CHRISTIAN ACADEMY

NPO 057395

✉ PO Box 21549
Bluff, 4036
☎ 031 – 467 8901

100 Hollesley Rd
Bluff
Fax: 086 661 7267



Enquiries: info@bluffchristianacademy.org.za

CONFIDENTIAL SCHOOL QUESTIONNAIRE

LEARNER'S SURNAME: _____

LEARNER'S FIRST NAME: _____

Date of Birth: _____ Grade _____ Year 20.....

What is the reason for the child leaving your school?

Parent Request Excluded/Expelled School's request Relocation Don't offer Grade

ACADEMICS:

	Excellent	Good	Average	Below Average
English				
Afrikaans				
Mathematics				

COMMENT:

ATTITUDE TOWARDS WORK / STAFF / PEERS:

SPORT/ EXTRA CURRICULAR ACTIVITIES:

PARENTAL INVOLVEMENT:

SCHOOL FEES:

Years at the School: _____

Current Year: _____

Annual Fees: _____

Fees paid to date: _____

Fees outstanding: _____

Concession Applied for: Yes / No

Concession Granted: Yes / No

FEES HISTORY:

Previous Year Annual Fees: R _____

Fees paid that year: R _____

Outstanding Fees: R _____

This block has to be completed

SCHOOL STAMP

SIGNATURE OF PRINCIPAL / BURSAR

Please fax to **086 602 1887 / 086 661 7267**