



# BETHEL COLLEGE HIGH SCHOOL

Private Bag X3095, Butterworth, 4960  
Eastern Cape, South Africa  
E-mail: principal.bethelcollege@gmail.com  
Tel: (+27) 047 491 7015  
Cell: Principal - 083 324 4453 | Accountant - 072 5873685

## TESTIMONIAL FORM

Please supply us with the information requested on the form below as this learner is in the process of applying to Bethel College Primary/High School. Upon completion **this form should be returned to the applicant** who needs to submit it together with his/her application form to Bethel College Primary/High School.

### LEARNER DETAILS: (To be completed by Parent)

Name of learner:			Date of Birth:	
Current School:	Name:			
	Tel:		Fax:	
			Present Grade:	

### SCHOOL INFORMATION: (To be supplied by responsible educator/s)

The above learner attended this school from date \_\_\_\_\_ **grade** \_\_\_\_\_  
to date \_\_\_\_\_ **grade** \_\_\_\_\_

Place a tick in the appropriate column		WEAK	FAIR	AVERAGE	GOOD	EXCELLENT
1.	Academic achievement					
2.	Sport participation					
3.	Cultural participation					
4.	Acceptance of School Discipline					
5.	Level of parental involvement					
6.	Payment of School Fees					
	Any amount still owing?	R _____				

Mention special achievements, concerns or other information that need to be shared with Bethel College Primary/High School:

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Thank you for your honesty and cooperation.

**School Stamp**

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_