



COMMISSION ON CATECHETICS

ARCHDIOCESE OF KOTA KINABALU

Lorong Hiburan 3, Taman Hiburan, Jln. Penampang
P.O. Box 10225, 88802 Kota Kinabalu, Sabah
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SUNDAY SCHOOL TRANSFER FORM

Zone/ Chapel/ Parish:

From _____ To _____

Passport Size Photo

Student's Name: _____

Date of Birth: _____ Age: _____

Birth Certificate/ I/C No. : _____

Race: _____ Gender : _____

Mother's Name _____ Father's Name _____

Guardian's name (If Relevant) : _____

Residence / Correspondence Address: _____

On-Going Formation Class : _____

Name of Book Used: _____

Last Topic Covered : _____

Date/ Month of Proposed Transfer: _____

Reason of Transfer : _____

Catechist's Remarks / Recommendation _____

Catechist's Name : _____

Date: _____ Tel: _____

Signature: _____

Parish Catechetical Committee Chairperson: _____

Date: _____ Tel: _____

Signature: _____

Parish Catechetical
Committee's Chop

*Please make a copy of this Transfer Form for Catechist's record
Please attach copy of the student's Registration Form and relevant certificates.*