

Application to Transfer Students



FREE REFORMED SCHOOL ASSOCIATION

My heart I offer to You Lord - promptly and sincerely

I hereby request to transfer the following child(ren):

Name:	DOB:	Year group:
.....
.....
.....
.....
.....
.....

Currently enrolled at:

Request to transfer to:

New congregation (if applicable):

Date of transfer:

I have amended our personal details on the FRSA Website: Yes No
(If no, please remember to do so as soon as possible)

I hereby give permission for the previous school to transfer any records, documented plans (academic, behavioural): Yes No

I understand this means all relevant enrolment details will be transferred to the new school; your enrolment at the previous school will cease and will commence at the new school.

SIGNATURE: _____ Date: _____

Name of Parent(s): _____

Please hand in this form to the Principal of the new school.

OFFICE USE ONLY:

- | | |
|--|---|
| <input type="checkbox"/> Received up to date immunisation records | <input type="checkbox"/> Received copy of child's birth certificate |
| <input type="checkbox"/> Received up to date Medicare Card details | <input type="checkbox"/> Received relevant visa/citizenship documents |
| <input type="checkbox"/> Student Confirmation of Enrolment Details Form Completed (printout from Synergetic) | <input type="checkbox"/> Received relevant health records |

Principal to advise FRSA Administration and previous school

Date advised: _____

Principal Signature: _____

Date: _____