Application to Transfer Students



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: (If no, please remember to do so as soon as possible)	Yes	No	
I hereby give permission for the previous school to transfer any recondocumented plans (academic, behavioural):	rds, Yes	No	
I understand this means all relevant enrolment details will be transfe will cease and will commence at the new school.	erred to the new so	chool; your enrolment at the previous school	
SIGNATURE:	Date:		
Name of Parent(s):			
Please hand in this form to the Principal of the new school.			
USE ONLY:	Received copy of child's birth certificate		
Received up to date immunisation records	Received relevant visa/citizenship documents		
Received up to date Medicare Card details	Received relevant health records		
Student Confirmation of Enrolment Details Form Completed (printou	ıt from Synergetic)		
ipal to advise FRSA Administration and previous school	Date advise	Date advised:	
		Date:	