

# Campus Transfer Request

Please complete form in full and obtain signatures of Head of Section & Head of Campus. Once form is fully completed and signed, please forward to the Enrolments Department at 30-34 Toomuc Valley Road, Pakenham for processing. A member of the Enrolments Department will contact you when a position becomes available.

## Student's Details

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Campus \_\_\_\_\_ Year Level/House \_\_\_\_\_

## To be completed by Parents

I/We wish to apply for a transfer from \_\_\_\_\_ Campus to \_\_\_\_\_ Campus. I/We are applying for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's signature \_\_\_\_\_ Father's signature \_\_\_\_\_

## Request to transfer approved

Head of Section's signature \_\_\_\_\_ Date \_\_\_\_\_

Head of Campus' signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date request received \_\_\_\_\_ Date transfer granted \_\_\_\_\_

