

# Request to transfer campus

Students seeking to transfer campuses must complete all sections and have their weekday school email this form to [SCL.Enrolments@det.nsw.edu.au](mailto:SCL.Enrolments@det.nsw.edu.au)

## Student details

Given names: \_\_\_\_\_

Family name: \_\_\_\_\_

Language year/course: \_\_\_\_\_

Weekday school: \_\_\_\_\_

## Transfer information

Current campus: \_\_\_\_\_

Preferred campus: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Endorsement and approval

Campus Supervisor's comment: \_\_\_\_\_

Campus Supervisor's signature: \_\_\_\_\_

### To be completed by the student's weekday school:

Principal's name: \_\_\_\_\_

Principal's signature: \_\_\_\_\_

School stamp: \_\_\_\_\_

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