



INTERNATIONAL PUBLIC SCHOOL STUDENT

> CHANGE OF SCHOOL REQUEST FORM

STUDENT DETAILS

Please print your name as it appears in your passport. All dates to be printed in DD/MM/YY format unless specified.

Your file reference number: Date of birth:

Family name: Given name(s):

Preferred name: Email address:

Do you have a physical disability or learning difficulty that may require additional programs, equipment or support? Yes No

Please give brief details about your condition/disability:

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SCHOOL DETAILS

Name of current school: Year level:

Name of school you wish to move to: Year level:

Term/year:

Please note you must attach your most recent school reports with this form. The changes are subject to spare capacity at the nominated school, in the year level required. You will be advised in writing of the outcome.

Please explain why you wish to change your school:

If change of school is due to a new address, please provide new address details:

DECLARATION

Student name: Signature: Date:

Parent / Legal guardian name: Signature: Date:

OFFICE USE ONLY

School notified Acceptance letter received IA updated COE updated Student notified by email School report Placement requested