



Government of the Republic of Trinidad and Tobago
MINISTRY OF EDUCATION
 Education Towers, No.5 St. Vincent Street, Port of Spain, Trinidad
 868.622.2181 www.moe.gov.tt

APPLICATION FOR TRANSFER OF STUDENTS OF PUBLIC SECONDARY SCHOOL

A. TO BE COMPLETED IN BLOCK LETTERS BY THE PARENT OR GUARDIAN

I hereby certify that _____ is a
First *Middle* *Surname*

pupil of the _____ School and that I/ we, as his/ her
(Name of School to be transferred from)

parent(s)/ guardian(s), seek a transfer to _____.
(Name of School to be transferred to)

My reason(s) for requesting a transfer:

.....
 Name of Parent/ Guardian

.....
 Signature of Parent/ Guardian

.....
 Date

B. TO BE COMPLETED BY THE PRINCIPAL MAKING THE APPLICATION TO ADMIT STUDENT

1. Name of Student _____
First *Middle* *Surname*

2. Date of Birth ____/____/____
dd *mm* *yy*

3. Country of Birth _____

4. Present School _____

5. Form/ Class _____

6. Name of Parent(s)/ Guardian _____

7. Address of Parent(s)/ Guardian _____

8. Pupil can be accommodated in Form _____

9. Size of Proposed Form _____

9. Place available as a result of:

(i) a student who (please tick):

(a) obtained a transfer [] (b) dropped out [] (c) failed to register []

(ii) expansion in class size []

(iii) other reasons _____

10. Name of Student at 9 (i) above _____

(a) School to which transferred _____ OR

(b) Last date of attendance of student _____

11. Principal's Comments/Recommendations _____

Principal's signature

Date

PLACE STAMP HERE

C. BE COMPLETED BY THE SCHOOL PRINCIPAL OF CURRENT SCHOOL

1. Name of Pupil _____
First Middle Surname

2. Date of Birth ____/____/____
dd mm yy

3. Present Form/Class of Pupil _____

4. Date of entry at school ____/____/____
dd mm yy

5.

	Previous Secondary School	Form	Year Entered	Year Left	Reason for Leaving
1					
2					

	Name of Last (Post) Primary School(Centre)	Year Entered	Year Left
1			
2			

6. Candidate's numbers for examinations sat and years sat:

SEA Candidate No. _____

Last Year sat _____

NCSE Candidate No. _____

Year sat _____

CXC Candidate No _____

Year(s) sat _____

The information above is also to be reflected in Student's Cumulative Record Card

7. Principal's comments/recommendations: (Please attach any relevant documents)

RECOMMENDED

NOT RECOMMENDED

Certified correct: _____

Principal's Signature

Date & School Stamp

D. TO BE COMPLETED BY THE SCHOOL SUPERVISOR OF CURRENT SCHOOL

School Supervisor's Comments/ Action Taken:

School Supervisor's Signature

Date

PLACE STAMP HERE

E. TO BE COMPLETED BY THE SCHOOL SUPERVISOR OF RECEIVING SCHOOL

I hereby acknowledge receipt of the completed Transfer Form

School Supervisor's Signature

Date

PLACE STAMP HERE