



## Campus Transfer Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Campus:      Gharaffa                      Madinat Khalifa                      Rayyan                      Themaid

Current Year Group: \_\_\_\_\_ Teacher: \_\_\_\_\_

We would like to move our child to:      Gharaffa                      Madinat Khalifa                      Rayyan                      Themaid

Please state which term and year you would like the transfer to commence:

Spring (January)                      Summer (April)                      Autumn (August)

Reason for move:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return to the Admissions Officer at your current School Campus.  
**The voucher scheme is not currently available at Themaid Campus.**

Notes:

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### For school use only

Date request received: \_\_\_\_\_ Received by: \_\_\_\_\_

#### Head of Current Campus:

Approved                      Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Head of Requested Campus:

Approved                      Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_