



Campus Transfer Form

Name (First): _____ Surname: _____

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 (September)

Reason for move:

Signature: _____ Date: _____

Please sign and return to the Admissions Officer at your current school campus.

Gharaffa Campus

Email: admissions.gh@nais.qa
Tel: +974 4034 9601

Madinat Khalifa Campus

Email: admissions.mk@nais.qa
Tel: +974 4034 9821

Rayyan Campus

Email: admissions.ry@nais.qa
Tel: +974 4034 9702

For school use only

Date request received: _____

Head of School approval: _____ Date: _____

Parents informed: _____

Campus Principals and teachers informed: _____

Database updated: _____