2022/2023 Sibling Priority Transfer Form

Important: Please fill out a **separate form for each sibling** that you are requesting a transfer for.

First Name:		Last Name:		
Current Campus:	Gharaffa	Madinat Khalifa	Themaid	
Current Year Group:		Teacher:		
For the 2020/2021 Acade	emic Year we wou	uld like to move our child t	co:	
Gharaffa	Мас	dinat Khalifa	Themaid	
Reason for move:				
		os Officar at vour current s	chool campus or scan and send to	
Please sign and return admissions.cisd@nai		ns Officer at your current's	ichoot campas of scarraina seria to	
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For school use only Date request received:	s.qa. :	Received		_
For school use only Date request received: Head of Current Camp	s.qa. : pus: Not App	Received		
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For school use only Date request received: Head of Current Camp Approved Signature:	s.qa. : pus: Not App	Received proved Date:	by:	