



Campus Transfer Form

First Name: _____ Last Name: _____

Current Campus: Gharaffa Madinat Khalifa Themaid

Current Year Group: _____ Teacher: _____

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

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

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

Reason for move:

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:

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: _____