

Education Towers, No. 5 St. Vincent Street, Port of Spain, Trinidad
868-622-2181 www.moe.gov.tt

Birth Pin:

A. TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I hereby certify that _____ is a

First Name *Middle Name* *Surname*

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

parent(s)/ legal guardian(s), seek a transfer to:

1st Choice: _____
(Name of School to be transferred to)

2nd Choice: _____
(Name of School to be transferred to)

MY REASON(S) FOR REQUEST: _____

Please attach supporting documents e.g. medical certificate, proof of address etc.

Name of Parent/ Legal Guardian	Signature of Parent/ Legal Guardian	Parent/ Legal Guardian Contact No.	Date

Please cut here To be given to Parent/Legal Guardian

ACKNOWLEDGEMENT SLIP

Student Name: _____

<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>

Current School: _____

Birth Pin: _____

1st Choice _____
(Name of School to be transferred to)

2nd Choice _____
(Name of School to be transferred to)

Principal's Signature:

Stamp:

Date:

THE CRITERION FOR TRANSFER IS NOT LISTED IN ANY ORDER OF PRIORITY. A TRANSFER IS NOT GUARANTEED, EVEN IF ANY OF THE OFFICIAL CRITERION HAS BEEN MET.

B. TO BE COMPLETED BY PRINCIPAL OF CURRENT SCHOOL

1. Name of Student _____
First Name Middle Name Surname

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

3. Nationality: _____

4. Present Level/ Class/ Form of Student _____

5. Date of entry at school ____/____/____
dd mm yyyy

6.

Previous School (If applicable)	Level/ Class/ Form	Date Entered	Date Left	Reason for Leaving
1.				
2.				

Number of attendances made during the current academic year in this school _____

Period of attendance in this school – From _____ 20 _____
to _____ 20 _____

General Conduct _____

Remarks _____

Name of Principal:

Principal’s Signature:

Stamp:

Date:

C. TO BE COMPLETED BY THE SCHOOLS SUPERVISOR OF CURRENT SCHOOL

Schools Supervisor’s Comments:

Name of Schools Supervisor Signature Date

Affix stamp here