

School Transfer Certificate

Relocation-Based Transfer

Certificate No.: _____

Date of Issue: _____

Student Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Previous School: _____

Last Class Attended: _____

Admission No.: _____

Date of Admission: _____

Date of Leaving: _____

Conduct: _____

Reason for Leaving: Relocation of family to _____

Remarks

Place: _____

Date: _____

Authorised Signature
(Principal / Head of School)

School Stamp / Seal