



The Government of the Republic of Trinidad and Tobago
MINISTRY OF EDUCATION
Education Towers, 5 St. Vincent Street, Port of Spain , Trinidad and Tobago
1.868.622.2181 www.moe.gov.tt

APPLICATION FOR TRANSFER OF STUDENTS OF PUBLIC SECONDARY SCHOOL

A. TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN (*Block Letters*)

I _____ as the parent Legal Guardian
Parent First Name Last Name

of _____ telephone contact _____
Address

hereby seek a transfer for _____
Student First Name Last Name

to _____
Name of School to be transferred to

My reason for requesting a transfer is:

Change of Residence Distance from residence to school Transportation Difficulties/Cost

Medical Issues, specify _____

Other _____

Parent/Legal Guardian Signature

ID National/Drivers Permit/Passport

Date (dd/mm/yy)

B. TO BE COMPLETED BY THE PRINCIPAL MAKING THE APPLICATION TO ADMIT STUDENT

1. NAME OF STUDENT _____
First Name Last Name Block Letters

2. SEX Female Male DATE OF BIRTH: _____ AGE: _____
dd/mm/yy years:months

3. CITIZENSHIP _____ COUNTRY OF BIRTH _____

4. BIRTH PAPER PIN NO. _____ ID NO. _____
National/Passport

5. PRESENT SCHOOL _____ FORM _____

6. STUDENT CAN BE ACCOMODATED IN FORM _____

7. NO. OF STUDENTS IN PROPOSED FORM _____

8. PLACE IN FORM AVAILABLE AS A RESULT OF:

- (i) Student obtained a transfer Student dropped out Student was not registered
(ii) Expansion in class size Other reason _____

9. NAME OF THE STUDENT at 8 (i) above _____ SEX Female Male

(a) School to which transferred _____

(b) Last day and date of student _____

10. COMMENTS/RECOMMENDATIONS _____

.....
Principal (Block Letters)

.....
Principal (Signature)

.....
Date (dd/mm/yy)

Place Stamp Here

C. TO BE COMPLETED BY SCHOOL SUPERVISOR OF RECEIVING SCHOOL

.....
School Supervisor IIII (Block Letters)

.....
School Supervisor IIII (Signature)

.....
Date (dd/mm/yy)

Place Stamp Here

EDUCATION DISTRICT:

Address

Telephone

Tick Appropriate

- | | | | |
|--------------------------|-----------------------------|--|----------------------|
| <input type="checkbox"/> | Caroni | Old Couva West Secondary School, Balisier St. Couva
caronidistrict@moe.gov.tt | 636-4800 |
| <input type="checkbox"/> | North Eastern | Savi Street, Boodooville Sangre Grande
need.district@moe.gov.tt | 668-6256 |
| <input type="checkbox"/> | Port of Spain
& Environs | Jerningham Ave, Belmont, Port of Spain
posdistrict@moe.gov.tt | 623-2315 |
| <input type="checkbox"/> | South Eastern | 87 High St. Rio Claro
southeasterndistrict@moe.gov.tt | 644-2995 |
| <input type="checkbox"/> | St. George East | 2A Eastern Main Road, Tunapuna, Opposite
Exodus Pan Yard Green Building
Stgeorgeeastdistrict.sec@moe.gov.tt | 645-7516
645-7520 |
| <input type="checkbox"/> | St. Patrick | 101 Farah Street, San Fernando
stpatrickdistrict@moe.gov.tt | 653-8957
653-3445 |
| <input type="checkbox"/> | Victoria | 16-22 Sutton street, san Fernando
victoriaeducationdistrict@moe.gov.tt | 653-0035
657-8829 |
| <input type="checkbox"/> | Division of
Education, | Dutch Fort Plaza, Dutch Fort, Tobago
administrator@thaeie.gov.tt | 299-0781 |

D. TO BE COMPLETED BY THE PRINCIPAL OF CURRENT SCHOOL

Information is reflected in the Student's Cumulative Record Card

1. NAME OF STUDENT _____
First Name Last Name Block Letters

2. SEX Female Male DATE OF BIRTH: _____ AGE: _____
dd/mm/yy years:months

3. DATE OF ENTRY INTO SCHOOL _____ 4. PRESENT FORM _____
dd/mm/yy

5.

	Previous Secondary School	Form	Year Entered	Year Left	Reason for Leaving/ Comments
1.					
2.					
	Previous Primary School	Class	Year Entered	Year Left	Reason for Leaving/ Comments
1.					
2.					

6. STUDEN'S NUMBERS FOR EXAMINATIONS SAT AND YEAR SAT:

SEA Candidate No. _____ Last year sat _____

NCSE Candidate No. _____ Year sat _____

CXC CSEC Candidate No. _____ Year(s) sat _____

I recommend do not recommend the transfer of the student.

.....
Principal (Block Letters) Principal (Signature) Date (dd/mm/yy)

Place Stamp Here

E. TO BE COMPLETED BY SCHOOL SUPERVISOR OF CURRENT SCHOOL

.....
School Supervisor IIII (Block Letters) School Supervisor IIII (Signature) Date (dd/mm/yy)

Place Stamp Here