SCL Secondary College of Languages
| Connection | Diversity | Excellence

Request for student transfer

Completed form to be emailed by weekday school to **SCL.Enrolments@det.nsw.edu.au**

Student details

Full name: _____

Language/Course: _____

Year: _____

Weekday school: _____

Principal name: _____

Transfer information

Current SCL campus: _____

Preferred SCL campus: _____

Reason for transfer: _____

_____

Endorsement and approval

Campus Supervisor's comment: _____

Campus Supervisor's signature: _____

Weekday school Principal's signature: _____

Weekday school stamp: _____