

LORNA WHISTON SCHOOLS PTE LTD
 101 Thomson Road, #04-23 United Square, S307591
 Tel: (65) 62517662 Fax: (65) 62517612
 Website: www.lornawhiston.com.sg



TRANSFER FORM

I, _____ (name of student), hereby give notice that I wish to transfer to _____ (name of Government School / Private School / alternative course at Lorna Whiston Schools) commencing _____.

I understand the School's policy towards transfers and that I am not entitled to any refunds. In addition, I agree to pay the Transfer fee of \$200.00.

 Signature of Student or Parent / Guardian
 (please delete as appropriate)

 Date

We appreciate your comments about our school. Please take a little time to complete this questionnaire for us so that we can serve you better. Thank you.

	Excellent	Good	Fair	Poor
1. Enjoyment of programme				
2. Match of programme to student's needs				
3. Relationship with teachers				
4. Facilities				
5. Communications with school				
6. Academic support				
7. Non-academic support				
8. Value for money				
Additional feedback:				

All information given will be treated with the strictest confidence.

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FOR OFFICE USE ONLY:

DAY / TIME / TEACHER: _____ / _____ / _____

Permission for transfer to another Lorna Whiston course given by: _____ (signature & date)

NOTED IN TERMINATION BOOK: _____ HEAD OF SCHOOL: _____