INDIA INTERNATIONAL SCHOOL

Mangaf , Kuwait

Tel: 23728702, 23728724 , email: iiskwt@hotmail.com

APPLICATION FORM FOR TRANSFER CERTIFICATE

Date of Application: ……..……

T.C. Application No. …….

Name of the Student (in **BLOCK LETTERS**) : _____

Admission Number : _____

Class & Section : _____

Gender : BOY ☐ GIRL ☐

Nationality : _____

Date of Birth : _____

Date of Leaving School (Date of last Class attended) : _____

Reason For Leaving the School

(Kindly put a (✓) mark which is applicable)

☐ He / She is leaving Kuwait.

☐ He / She wants to continue in another school in Kuwait

Name Of The Country / School To Be Joined : _____

Name Of The Parent / Guardian : _____

Signature Of The Parent / Guardian : _____

Contact Number Of The Parent / Guardian : _____

(For Office use only)

Clearance from

Date of Application received : …..…...……..

Computer Lab		Library	
Physics Lab		Physical Education	
Biology Lab		Class Teacher	
Chemistry Lab		Art Department	
		Music Department	

Remarks from Coordinator/HM:……

Remarks from Accounts Department……

☐

Accounts/Admin.Department

School Transfer Certificate can be issued ☐

Principal's Remarks……

principal