

## **REQUEST FOR TRANSFER OF SCHOOL RECORDS**

## **TO THE PARENT:**

Date
Signature of Parent/Guardian
I authorize the release of my child's school records to Port Macquarie Adventist School.
Name of previous school:
Student D.O.B:
Student Home Address:
Student Name :
School.
Please fill out the top section and return the entire form to the Port Macquarie Adventist

## TO THE PRINCIPAL OR REGISTRAR:

The student named above has enrolled at Port Macquarie Adventist School. We are requesting:

	Y	Ν	N/A
School Attendance			
During the previous school term, the student has been absent day/s without reas	sonable	explana	tion
Education Adjustment Plan / Support Services			
Is there an IEP in place? If yes, please attach a copy, reports, specialist			
information and any evidence of adjustments provided.			
Is the child currently receiving other additional support services at school?			
If so, what?			

<b>Behavioural Issues</b> Has the student been suspended or excluded from school in the last 12 months?		
Did the student have an Individual Behaviour Support Plan in the last 12 months?		

If there is any additional information that we should know, please contact Miss Jessica Lee, Principal at principal@pmas.nsw.edu.au

Please return to admin@pmas.nsw.edu.au with any supporting documentation. Thankyou