

**Student Transfer Form**

**Date:**

**Student name/date of birth:**

**Parent/guardian name(s):**

**Address:**

**Present class:**

**Class teacher:**

**Date school informed:**

**Transfer date/Last day of school:**

**Reason for withdrawal:**

**Transferring to the following school:**

**The school has permission to forward academic records to the next school: Yes / No**

Health records are automatically transferred between schools within Norway. Parents are requested to contact the school nurse/family doctor for copies of health records to take abroad.

In accordance with the contract, the school will exercise the right to recover the remaining fees for the remainder of the semester.

Outstanding fees are:

**Parent/Guardian Signature**

**Principal/Teacher Signature**

*Office use only:*

<b>Action</b>	<b>Date</b>
Class teacher informed	
Registrar informed	
Books returned	
Library books returned	
Bus card returned	
Academic papers to be forwarded by: Parent or School	
<i>Flyttemelding</i> completed	