



St Joseph's Catholic College

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REQUEST FOR TRANSFER OF STUDENT RECORDS

PART A – TO BE COMPLETED BY NEW SCHOOL		
TO		FROM
The Principal School name and address Postcode		The Principal School name and address St Joseph's Catholic College PO Box 535 Katherine NT 0851
FAX NO		
PLEASE TRANSFER THE STUDENT RECORD OF		
First Name of Student/s	Last Name of Student	Date/s of Birth
Please transfer copies of: <ul style="list-style-type: none">• Reports• Evidence of Learning Portfolio• Family Court Orders• NAP Testing Results• Special Needs or Learning Support Assessments/Requirements		
Principal (or Delegate) Signature		Date
Parent Name Signature		Date

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