

Student Surname

Parent Surname

Student Given Name(s)

Parent Given Name(s)

Student Preferred Name

Contact Phone Number

Student Date of Birth

Contact Email

PARENT DECLARATION

I, as the parent of the above named student hereby make application for my child to transfer to another Education Provider and request that Billanook College issues a Release to enable that Transfer of Enrolment to occur.

We attach a copy of the LETTER of OFFER provided by:

(Name of School making Offer)

We have read and understood the [Billanook College International Student Transfer Assessment Policy](#) (on College website) and the ESOS National Code (2018) - Standard 7 and hereby provide the following as the primary reason/s for making this Request to Transfer:

Attach documentation that supports your stated Reason for Request for Transfer)

We understand that Billanook College shall now investigate the reasoning listed above and respond to this Request for Transfer in writing within 10 days of receipt of this request.

Parent Signature

Date

