

Transfer of Membership – to be completed by person in charge of Primary or Middle School
MEMBER - GENERAL INFORMATION

Title:	Surname:	Given Name:
Position in commencing School:		Phone:
Email:		Mobile:
Name of departing school:		
Date:	Signature:	

COMMENCING SCHOOL - GENERAL INFORMATION

School Name:	Description:	
School Postal Address:		
Suburb/Town:	State:	Postcode:
School Street Address: <i>(if different from above)</i>		
Suburb/Town:	State:	Postcode:
Fax:	Website URL:	

ADDITIONAL SCHOOL INFORMATION
(regarding section/campus of school for which applicant is responsible)

Grade Range:	Points of Entry:		
Enrolment Pattern: <i>(eg Co-ed from P-3 then girls only)</i>	Total Students:	Number Boys:	Number Girls:
Enrolment Enquiries: <i>(position title rather than name of person)</i>			
Senior School: <i>(if school is part of a K-12 school, please provide the name of the Head of the school, and address if different to above)</i>			

Statement by School Principal (K-12) or Chairman of the School Board (stand alone primary school)

I am aware that _____ has requested a transfer of membership with IPSHA Ltd. I am happy to offer my support for this transfer of membership and welcome his/her involvement in IPSHA Ltd.

Name:	Position:
Date:	Signature: