**Student Exchange Organisation Details:**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Person |  |
| Phone Number |  | Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Students Family Name** |  | Given Name |  |
| Date of Birth |  | Country of Citizenship |  |

**Transferring out of ACT**

|  |  |  |  |
| --- | --- | --- | --- |
| Receiving State/ Territory |  | ACT ASSES Number |  |
| Current Student |  |
| School Cessation Date |  |
| Reason for Transfer |  |

**Transferring to ACT** \* Please ensure you include the first and family name, and residential address of the new host family.

|  |  |  |  |
| --- | --- | --- | --- |
| Current State/ Territory |  | ASSES Number |  |
| Host family Name, Address and Telephone Number \* |  |
| Reason for Transfer |  |

**Host School Acceptance transfer in ACT** \*This Interstate Transfer request must be signed by the Principal or authorised person of the host school and carry the appropriate school stamp.

***Schools please return the completed form to the appropriate Exchange Organisation***

|  |  |
| --- | --- |
| Host School Name | School stamp |
| Name of Principal |  |
| Signature |  | Date |  |
| Phone Number |  |
| New school commencement date |  | New school cessation date |  |

**Parent / Guardian Signature** \* *Change will not be considered without signature of student’s parent/guardian. Where a parental signature cannot be obtained, electronic evidence of parental /guardian consent can be attached.*

|  |
| --- |
|  |

**Exchange Organisations – Please return the completed form to the International Education Unit** ieu@act.gov.au