

Agervang 14-DK 6400 Sønderborg Tel.: +45 74430110 mail@sischool.dk www.sischool.dk

Transfer Certificate

To Whom It May Concern

Name of the Student:	
Date of Birth:	
Present School and School System:	
Current Year / Level:	
Last Year's Level attended:	
Date of Withdrawal:	
Reason for leaving the School:	
Is English the Student's first Language?	
If not, what is the Student's main Language?	
Any Special Education Needs we should be aware of as a School?	
Is there anything you wish to share about the Student's Character and/or Social-emotional behavior?	

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Signature	UI.	SCHOOL	Auti	ioiities.

Position/Name:

Date:

