

# A T T I T U D E

performing arts studio

1Jalan Anak Bukit, #01-29, Bukit Timah Plaza, S (588996)  
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## CLASS TRANSFER APPLICATION FORM

Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Present Class: \_\_\_\_\_ Class Code: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher-in-charge: \_\_\_\_\_

Desire Class: \_\_\_\_\_ Class Code: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher-in-charge: \_\_\_\_\_

Transferral with effect from: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Parent / Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Official Use

Teacher's Approval: \_\_\_\_\_

(teacher's approval must be attained in order to process the transfer successfully)

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_

Class List Update: 

Stamp
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Sign
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 Date: \_\_\_\_\_  
Name: \_\_\_\_\_

IMAC Update: 

Stamp
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Sign
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 Date: \_\_\_\_\_  
Name: \_\_\_\_\_

IMS Update: 

Stamp
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Sign
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 Date: \_\_\_\_\_  
Name: \_\_\_\_\_