



SPECIAL EDUCATION NEEDS AUTHORITY

Cyber Tower 2 (Level B), Ebene Cybercity

Phone Number: 4603015 Fax Number: 468-6200 Email Address: info@sena.mu

Transfer Form

Transfer No.....

1. Only applications made on this form will be considered for transfer of learners.
2. No SEN institution shall admit a learner without a letter of transfer from the SEN Authority.
3. Relevant information about a learner's conduct and discipline should be provided as per Part C. The Heads of institutions shall be held responsible for any subsequent problems.
4. An institution that may have a vacancy to enrol more learners shall issue a Transfer Form.

Part A: To be filled by learner's Responsible Party

LEARNER'S DETAILS	
Name:	
Address:	
Date of Birth:	
Disability (as per Medical Certificate):	
Health Conditions/ comorbidities (if any):	
Current Grade:	
Present Institution:	
Institution to which a transfer is requested for:	
Reason(s) for transfer:	

Details of other institution (s) the learner has attended during the last 3 years (if any):	Name of Institution	Reason(s) for leaving
	1.	
	2.	
	3.	

Declaration

I have cleared/ committed myself to clear all my financial obligations at
..... (Current institution's name).

Name:.....

Relationship to the learner:.....

NIC:.....

Address:.....

Contact number:.....

Signature:.....

Date:.....

Part B: To be completed by the receiving Head of Institution

- i. I have/do not have a vacancy in grade
- ii. I have examined the application and discussed same with the learner and parent/guardian.
- iii. I accept/do not accept
(learner's name) in the institution.

Name of Head of Institution:	
Name of Institution:	
Signature:	
Date	

PART C: To be completed by the Head of Institution of the releasing Institution.

1. I certify that
(Admission No.) is a learner in Grade in my institution.

2. Performance in term

Above average	
Average	
Below average	
Poor	

3. The behavioural conduct of the learner at the institution

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.....
.....

4. I am willing/not willing to release the learner.

5. Reason(s):

.....
.....
.....

Name of Head of Institution:	
Name of Institution:	
Signature:	
Date:	
Stamp of Institution:	

PART D: TO BE COMPLETED BY THE SENA

- 1. I approve/do not approve the transfer.
- 2. Reason(s):

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Name of officer:	
Grade	
Signature:	
Date	