



## STUDENT LEAVERS FORM

Please complete this form and return to the Enrolment Secretary.

STUDENT'S NAME:.....

YEAR (K-6):.....

STUDENT'S ADDRESS:.....

.....

REASON(S) FOR LEAVING THE SCHOOL:.....

.....

DESTINATION:.....

LAST DAY OF ATTENDANCE:.....

Please Sign:

Student's Signature:.....Date:.....

Parent's Signature:.....Date:.....

Principal Signature:.....Date:.....

Financial Secretary Signature:.....Date:.....

*If you would like to donate your school uniforms, please hand them in at the School Office for donation to the Clothing Pool.*