



STUDENT EXIT FORM

IMPORTANT NOTES

It is the responsibility of both the Student and the Parent(s) to complete this form and return it to the Deputy Principal or level coordinator. Failure to do so could result in additional fees being charged and/or Government Authorities receiving incorrect information.

STUDENT'S DETAILS

Student Name _____

Year Level _____

Home Phone _____

Parent's Mobile Phone _____

STUDENT'S DESTINATION DETAILS

Graduating from Year 6

Transferred to (Name of School) _____

Other Please specify _____

CHECKLIST

STAFF	STAFF NAME	SIGNATURE	DATE
Home Group/Class Teacher <small>(desk cleaned out)</small>			----/----/-----
Librarian <small>(all outstanding books returned)</small>			----/----/-----
Pastoral Care Teacher			----/----/-----
Level Coordinator			----/----/-----

AUTHORISATION BY THE PARENTS/GUARDIANS

Anticipated Date of Leaving ----/----/-----

STUDENT

PARENTS/GUARDIANS

----/----/-----

----/----/-----

ACCOUNTS RECEIVABLE ONLY

Fees Owing _____

Details _____

ACCOUNTANT

----/----/-----

CONFIRMATION BY PRINCIPAL

PRINCIPAL

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