

STUDENT WITHDRAWAL FORM

(Please Print)

	Date leaving:	Student No:		
Last Name:	First Name:	Current Year Level:		
Why are you withdrawing	your child/children? (please circl	le all applicable reasons):		
Moving house	Fin	Financial reasons		
Going Overseas	Dis	Dissatisfaction		
Transport/distance				
New school enrolment (i	f under 17 years of age):			
Before submitting this for	m, pleased read the following:			
_		ks) notice in writing if a student is leaving the		
 Parents are require College 				
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STUDENT WITHDRAWAL CHECKLIST

Dear Parent/Student,		Name:	
Please ensure that you completion:	ete the following tasks an	d have the relevant staf	f member sign on
Library staff member:			
Returned outstanding books and resources		□ Yes □ No	□NA
Name:	Signature:		Date:
IT staff member:			
Returned iPad & Charger		☐ Yes ☐ No	□NA
Logged out from iCloud		☐ Yes ☐ No	□NA
Any physical damage		☐ Yes ☐ No	□NA
Name:	Signature:		Date:
Home Group Teacher:			
Collected all workbooks from classroom		☐ Yes ☐ No	□NA
Locker cleaned out		☐ Yes ☐ No	□NA
Lock from locker returned		☐ Yes ☐ No	□NA
Checklist completed fully		☐ Yes ☐ No	□ NA
Name:	Signature:		Date:
Bank details for refundable	e deposit:		
Account name:			
BSB:			
Account Number:			
OFFICE USE ONLY:			
Security Deposit Returned: Ye	es / No		
Date Returned:			