



|                      |  |
|----------------------|--|
| <b>Student Name:</b> |  |
| <b>Access Class:</b> |  |
| <b>Exit Date:</b>    |  |

|                            |  |
|----------------------------|--|
| <b>Parent Name:</b>        |  |
| <b>Phone #:</b>            |  |
| <b>Forwarding Address:</b> |  |
|                            |  |

**REASON FOR LEAVING**

|   |                   |  |
|---|-------------------|--|
| <input type="checkbox"/> Transferring Schools   | Name of School:   |  |
|   | Contact Number:   |  |
| <input type="checkbox"/> Employment             | Name of Employer: |  |
|   | Contact Number:   |  |
| <input type="checkbox"/> Cancellation           | Confirmed By:     |  |
| <input type="checkbox"/> Not Actively Attending | Confirmed By:     |  |

**SCHOOL RESOURCES**

|  |             |
|--|-------------|
| <input type="checkbox"/> All books (textbooks & library books) and resources (calculators etc) have been returned to the library | ADMIN CHECK |
| <input type="checkbox"/> Musical Instrument/s on loan has been returned  | ADMIN CHECK |

**FINANCE** (If the students account is in credit, please select an option below)

|  |  |   |    |
|--|--|---|----|
|  |  | <b>OUTSTANDING FEES:</b>  | \$ |
| <input type="checkbox"/> <b>OPTION A (Credit siblings account)</b> |  | <input type="checkbox"/> <b>OPTION B (transfer to bank account)</b> |    |
| Siblings Name:   |  | BSB:  |    |
| Year Level:  |  | Account #:  |    |
|  |  | Account Name:   |    |
| Parent Signature:  |  | Parent Signature:   |    |

I understand that a refund will only be issued once all outstanding fees have been paid in full and all school resources and musical instruments (see above) have been returned undamaged.

I also understand that proof of 'Earning or Learning' will be required if my child is under 16 years of age.

|              |  |                   |  |
|--------------|--|-------------------|--|
| <b>Name:</b> |  | <b>Signature:</b> |  |
|--------------|--|-------------------|--|

