



STUDENT DEPARTURE FORM

Please fill out details and return to school

STUDENT PERSONAL DETAILS	
Surname:	Year Level:
Given name:	Date of Departure:
MAILING ADDRESS/CONTACT DETAILS	
Full Name:	
Address:	
Email:	
Phone:	
REASON FOR LEAVING	
NEW SCHOOL DETAILS	
Name of School:	
Address:	
Phone:	
LIBRARY BOOKS	
All books have been returned Yes / No	
Books still to be returned:	
INSTRUMENT HIRE (office use - instrument returned _____)	
Do you have an instrument on loan Yes / No	
If so what is your students loan instrument.....	
FINANCE (Office use only) Accounts balanced <input type="checkbox"/>	
Refund due <input type="checkbox"/>	Payment due <input type="checkbox"/>

Parent Name:

Parent Signature.....

Date.....

Principal Signature.....

Date.....