

LEAVE CLEARANCE

This form must be completed for students transferring/leaving,
and returned to the office at least 1 school day before the last day of attendance.

NOTE:- Form is unable to be processed if enrolling at another QLD school, until
actively enroll at new school.

STUDENT NAME: _____ LAST DAY OF ATTENDANCE: ___/___/___

REASON FOR LEAVING SCHOOL: _____

NEW SCHOOL (if applicable):- _____

The following will need to be returned to the school or payment will be required:-

- TEXTBOOKS N/Applicable NO YES Date returned _____
- RESOURCES N/Applicable NO YES Date returned _____
- OTHER EQUIPMENT N/Applicable NO YES Date returned _____

If all items have been returned you may be entitled to a refund, please indicate if entitled
how you would like to receive this:-

EFT (Electronic Funds Transfer) into a nominated bank account:-

BSB No.:- _____ - _____ Account No.:- _____

Account Name:- _____

NAME OF PARENT / GUARDIAN:- _____

PARENT /
GUARDIAN SIGNATURE:- _____

DATE:- _____

NAME OF STAFF RECEIVING INFORMATION:- _____

STAFF SIGNATURE:- _____ DATE :- _____ TIME:- _____