



Charleville State High School

STUDENT LEAVING FORM

Student Details

Name: _____ Year Level: _____ Date of Birth: _____	Leaving Date: _____ Parent Name: _____ New Address: _____ _____
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Reason for Departure – Please complete the appropriate sections below

<input type="checkbox"/> Transferring	Name of new school: _____	
<input type="checkbox"/> Employment	Name of Employer: _____	Employer address & phone: _____
<input type="checkbox"/> Further Education	Institute: _____	Program: _____
<input type="checkbox"/> Other	_____	

Clearance Checks – All school resources must be returned

Location	Cleared Y/N	Outstanding Resources	School Signature
Textbook Hire / Laptop			
Library			
Musical Instrument			
YONDR pouch			
Outstanding Fees			
Uniforms			

Parent / Guardian Verification

• I understand that refunds will only be issued once all outstanding fees have been paid in full and all resources including textbooks, library books, musical instruments, laptop, laptop case and power pack are all returned undamaged
 • I also understand that proof of earning or learning will be required if my child is under 17 years of age

Parent/Guardian Name: _____ Signature: _____

Refunds – Please select option below and complete details

Option A: Credit Outstanding Invoices of sibling:
 Name: _____ Year Level: _____ Parent//Guardian Signature: _____

Option B: Electronic Funds Transfer into bank account
 Parent Name: _____ Account Name: _____
 Parent Signature: _____ BSB: _____ Account No: _____

Office Use

OneSchool updated – new address/bank details/marked as left	Signature: _____	Date: _____
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