



Charleville State High School

STUDENT LEAVING FORM

Student Details			
Name: _____	Leaving Date: _____		
Year Level: _____	Parent Name: _____		
Date of Birth: _____	New Address: _____ _____		
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: TAFE	Program: _____	
<input type="checkbox"/> Other			
Parent / Guardian Verification			
<ul style="list-style-type: none"> 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			
<input type="checkbox"/> Option A: Credit Outstanding Invoices of sibling:			
Name: _____ Year Level: _____ Parent//Guardian Signature: _____			
<input type="checkbox"/> Option B: Electronic Funds Transfer into bank account			
Parent Name: _____ Account Name: _____			
Parent Signature: _____ BSB: _____ Account No: _____			
Location	Cleared Y/N	Outstanding Resources	School Signature
Textbook Hire / Laptop			
Library			
Musical Instrument			
Outstanding Fees			
YONDR pouch			
Office Use			
OneSchool updated – new address/bank details/marked as left		Signature: _____	Date: _____