



LEAVERS FORM

THIS FORM MUST BE RETURNED TO THE FRONT OFFICE WHEN SIGNED

SURNAME _____

GIVEN NAME _____

CLASS _____

LEAVING DATE _____

PARENT'S NAMES _____

NAME OF NEW SCHOOL YOU WILL BE ATTENDING: _____

NEW ADDRESS (or point of contact): _____

REASON FOR LEAVING: _____

PARENT'S SIGNATURE _____

LIBRARIAN: SIGN OFF ONLY IF ALL BOOKS ARE RETURNED

BOOKS TO BE RETURNED	COST	LIBRARIAN'S SIGNATURE

PRINCIPAL _____

DATE: _____