



# Playford College

## School Exit Form

It is the responsibility of both the students and parents to complete this form and return it to the Principal. Failure to do so could result in additional fees and /or Government Authorities receiving incorrect information

### 1. Student Information

Date: \_\_\_\_\_

Name : \_\_\_\_\_

Year Level : \_\_\_\_\_

Address : \_\_\_\_\_

### 2. Reason of Leaving

Please tick one of the following and provide details

Changing Schools (please provide name of school moving to):

Further education:

Employment (place of employment):

Other (please explain):

### 3. Checklist

Please obtain the following signatures to complete this form

Staff	Name	Signature	Date
Library Staff Member or Class Teacher			
IT Support Staff member			
Accounts/Finance			

### 4. Parent/Guardian Authorization

Last date at school : \_\_\_\_\_

Parent/Guardian Name : \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_

Principal Signature : \_\_\_\_\_