



Exit-Termination of Enrolment Form

Student Name: _____
 Code No: _____ Year: _____ House: _____
 Address: _____

 _____ Post Code: _____

School Fee Status: Arrears Prepaid _____

NOTE: Please contact College Office if more information is required

Date Finished School: _____

REASON FOR LEAVING

Apprenticeship Workforce TAFE
 Moving Interstate Moving Overseas

CHANGING TO ANOTHER SCHOOL: If changing to another school, please fill in the name of the school and use the tick boxes to indicate you son's choice of school:

Name of School: _____	<input type="checkbox"/> Catholic Secondary
_____	<input type="checkbox"/> Catholic Secondary Outside Victoria
_____	<input type="checkbox"/> Another Secondary School

Other reason – Please give details:

NOTE: Both parents/carers are required to sign

Parent/Carer 1 Signature:	Parent/Carer 2 Signature:
Parent/Carer 1 Printed Name:	Parent/Carer 2 Printed Name:

Date: _____

Email Exit-Termination of Enrolment Form to:	
Years 10, 11 & 12	Years 7, 8 & 9
Ms Gabriella Warfe Senior School Coordinator glw@stbedes.catholic.edu.au	Mr John McAlroy Middle School Coordinator jmm@stbedes.catholic.edu.au
Once received this document must be forwarded to Enrolments for processing	