SCHOOL LEAVER'S FORM: FOR STUDENTS OF COMPULSORY SCHOOL AGE

(Primary Schools)

Student Details					
Student Name:				Date of Birth:	
Roll class/Home Room		Grade		Age of student: (Years & Months on leaving date)	
Proposed leaving date:		Student's new address: (if applicable)			

Destination after Leaving this School: (Please tick)	
New school (provide name and address of new school) Note: This school is obliged to contact the new school to verify the student's enrolment and attendance. Name of New School: Address of New School:	☐
Distance Education: Has this been verified with DEC? Student should not leave until enrolment into Distance Education is complete.	☐
Home Schooling: Parent/Carer must provide evidence (eg. Registration number) of BOS registration for home schooling. Student should not leave until registration is complete.	☐
Other (please specify):	☐

Student's Signature: _____ Date: _____

Parent/Carer's Name: (Please print) _____ Date: _____

Parent/Carer's Signature: _____ Date: _____