

Please fill in the details required, obtain the relevant signatures and hand the completed form to the College Registrar

Name..... **Year Level**.....

Termination Date..... **Destination (School/Employer)**.....

Reason for leaving

.....

New Address (if changed).....

Signatures Required

Principal.....

Librarian.....

Business Manager.....

ICT Manager

Subject Teachers

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Class Teacher..... **Level Coordinator**.....

We acknowledge that any fees, associated costs and equipment (eg. library books, musical instruments, netbooks etc) must be settled/returned before my daughter's final day.

Note: Parental consent of both parents is required for student withdrawal of enrolment at Clonard College

Parent Signature..... **Date**

Parent Signature..... **Date**