



St Cecilia's Catholic Primary School

ENROLMENT CANCELLATION FORM

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____
 STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____
 STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____
 STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

LAST DAY AT SCHOOL: _____

MOTHER'S FORWARDING ADDRESS: _____
 PHONE: _____ MOBILE: _____ OTHER: _____

FATHER'S FORWARDING ADDRESS: _____
 PHONE: _____ MOBILE: _____ OTHER: _____

FORWARDING SCHOOL: _____

ANY OTHER INFORMATION: _____

DO YOU GIVE PERMISSION FOR US TO FORWARD INFORMATION ONTO YOUR CHILD/RENS NEW SCHOOL ON REQUEST?

SCHOOL REPORTS: YES/NO MEDICAL REPORTS: YES/NO PSHYC REPORTS: YES/NO ANY OTHER REPORTS: YES/NO

FORM COMPLETED BY: _____ DATE: _____

SIGNATURE: _____

IT IS HELPFUL IF PARENTS PROVIDE THE SCHOOL WITH A PREPAID 3KG SACHEL TO FORWARD ITEMS ONTO FAMILIES AFTER STUDENTS HAVE LEFT EG: YEAR BOOK, REPORTS ETC

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|---|----------------------------------|---------------------|-------|
| OFFICE USE: | FAMILY CODE: _____ | STUDENT CODE: _____ | _____ |
| FORM RECIEVED BY: _____ | DATE RECEIVED: _____ | | |
| COPY TO: | | | |
| PRINCIPAL: YES / NO | ADMINISTRATION OFFICER: YES / NO | | |
| TEACHER: YES / NO | SCHOOL SECRETARY: YES / NO | | |
| CHANGED FORWARDING BILLING ADDRESS & PHONE NUMBER: computer updated: ____/____/20__ Initial: ____ | | | |

Faith Family Friendship