

School Leavers Form

Child's name:	
Year and Class:	
Date child will be leaving:	
Address:	
Parent's name:	
Parent's Contact Number(s):	
Reason Leaving:	
	1
New School Name and Address:	New Address Moving To:
Signature:	Please print name here:
olghatarol	
Office Use:	
Class Teacher informed: Yes / No	
Arbor Updated Yes / No	
Papers Sent Date: Action By:	
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