



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

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

Family complete cancellation form (keep in students file)	Date of exit, reason, new school etc entered in MAZE
Copy form for Admin Officer (check school fees)	Record forwarding address in notes section of MAZE
Copy form for Teacher	Cancellation recorded in Transfers In & Out File
Retrieve Students file	School transfer request received & emailed
Retrieve Health/Referral file (if applicable)	Drop file received from Teacher
Retrieve School Nurse Entry Health Assessment Form	Archive: YOB, Surname A-Z when all completed

Faith Family Friendship