



YEAR 10 SCHOOL DEPARTURE FORM

IMPORTANT

The Student is responsible for having all sections of this form completed PRIOR to leaving the school.

Student Name _____ Care Group: _____
 House: _____ Future Contact Phone _____
 Future address: _____
 CONTINUING EDUCATION YES NO If continuing _____
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 Please Identify school/other _____
 Proposed date of leaving: _____

ITEM	SUBJECT	PERSON - Signature
TEXT BOOKS	All Returned: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ Book Room
LIBRARY BOOKS	All Returned: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ Library
SCHOOL FEES	School Fees YES <input type="checkbox"/> NO <input type="checkbox"/> Sport Fees YES <input type="checkbox"/> NO <input type="checkbox"/> Elective Fees YES <input type="checkbox"/> NO <input type="checkbox"/> Miscellaneous YES <input type="checkbox"/> NO <input type="checkbox"/> OUTSTANDING: \$ _____	_____ Account Office
DETENTIONS	Outstanding YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ House Coordinator

Care Group Teacher _____ Student Coordinator _____

Date: _____

COMPLETED FORM MUST BE RETURNED TO STUDENT COORDINATOR