Aquinas College

Student Exit Notification

I acknowledge the original agreement and College contract signed at the time of my child's enrolment and I am aware of the one full term's notice period required to inform you of my intent to withdraw my child from Aquinas College.

I am aware of the enrolment contract and my duties to comply with the notice of withdrawal period. If I do not adhere to the notice of withdrawal period as stated in the fee policy, being one full term's notice, I acknowledge that I will be liable for a full term's fees in lieu of notice, and any other outstanding fees payable to the College.

I am aware that I am required to return all laptops, text books, library books, sports uniforms and equipment (eg; portable devices under the Laptop program) and if these items are not returned I will be billed for those items and liable for the charges incurred. I acknowledge that this notice of withdrawal is only effective when all parties to the original enrolment contract have signed and submitted this form either jointly or individually.

If any outstanding items after 5 working days have not been returned then these items will be charged to the account holders.

| STUDENTS NAME: | | | VPC: | |
|--|-----------------------------|----------------------------------|--------------------------|--------------------------|
| YEAR LEVEL: | AGE: | DATE LEAVING CO | DLLEGE: | / / |
| DESTINATION SCHOOL: | | | | |
| IF STUDENT IS NOT TRANSFER | RING TO ANOTHER SCHO | OL: IF STUDENT IS NOT YET | T 17 AN INTERVIEW WITH T | HE PRINCIPAL IS REQUIRED |
| Undertaking further education | on training: TAFE etc | | | |
| Undertaking full time employment (must be working 25 hours or more per week) | | | | |
| Employer Name: | | Comme | encing on: | / |
| SHOULD THESE CIRCUMSTANCES CHANGE YOU ARE <u>REQUIRED TO ADVISE THE SCHOOL IMMEDIATELY</u> | | | | |
| As per the Education (General Provisions) Act 2006 | | | | |
| FORWARDING DETAILS: | | | | |
| Address: | | Stat | e: P/Co | de |
| Phone Number: | Email: | | | |
| REASON FOR STUDENT EXIT: | | | | |
| SIGNATURE OF PARENT / CARER: DATE: DATE: | | | | |
| Do you agree to the Registrar co | ontacting you regarding you | r withdrawal? | Yes | No |
| OFFICE USE ONLY: | | | | |
| ACCOUNT BALANCE: | Staten | nent Attached CUSTON | MER NUMBER: | ••••••• |
| Text Book / Lock Returned | es / No OUTSTANE | DING AMOUNT | | Statement Attached |
| Laptop Returned Y | es / No OUTSTAND | DING AMOUNT | | Statement Attached |
| Library Books Returned Y | es / No OUTSTAND | ING AMOUNT | | Statement Attached |
| Principal / Business Manager a | pproval | Date | / | |
| Date Customer Invoiced/ | Date Re | efund overpaid fees re | efunded / | / |