



STUDENT WITHDRAWAL FORM

This letter is to advise that the below child/ren are being withdrawn from ECCS. The reason being:

Enrolled elsewhere. Next school name: _____

Moving Away Subject choice not available at ECCS. Subject: _____

Registered to be Homeschooled Financial TAFE

Other: _____

Parent/Guardian Name: _____ Relationship: _____

Contact Phone Number: _____ Email: _____

STUDENT NAME	DOB	CURRENT YEAR LEVEL	LAST DAY OF SCHOOL

Siblings remaining enrolled at ECCS: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

(If two addresses are listed for each parent/guardian, both are required to sign)

OFFICE USE ONLY	
Date Received: ____ / ____ / ____	Staff Name: _____
<input type="checkbox"/> SchoolPro	<input type="checkbox"/> Student Movement