# Holy Cross School

REED ROAD TRINITY PARK 4879
PO BOX 1026 SMITHFIELD Q. 4878
Telephone: (07) 40506300
Email: secretary.trinitypk@cns.catholic.edu.au


## EXIT NOTIFICATION

**PARENT / GUARDIAN TO COMPLETE:**

| STUDENT'S NAME | CLASS | TEACHER |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| | |
|---|---|
| **LAST DAY AT SCHOOL:** ___ /___ /___ | **Exit Interview Date:** ___ /___ /___ **TIME:** _____ |

PARENTS/GUARDIANS ARE REQUIRED TO ATTEND AN EXIT INTERVIEW WITH THE PRINCIPAL TO FINALISE ENROLMENTS AND ACCOUNTS FOUR (4) WEEKS WRITTEN NOTICE IS REQUIRED. FAILURE TO DO SO WILL RESULT IN 50% OF THE REMAINING TERM'S SCHOOL FEES BEING CHARGED.

| | | | |
|---|---|---|---|
| **BILLING ARRANGEMENTS** | **SINGLE** ☐ | **JOINT** ☐ | **SPLIT** ☐ |
| IF THE STUDENT/S ARE PART OF THE YEAR 3 TO 6, 1 TO 1 IPAD PROGRAM, PLEASE INDICATE IF YOU WISH TO TAKE UP THE OPTION TO PAY A GAP PAYMENT TO PURCHASE THE DEVICE OUTRIGHT | | | **YES** ☐ **NO** ☐ |
| **REASON FOR DEPARTURE** | | | |
| **NEW SCHOOL (IF KNOWN)** | | | |

| | PARENT/LEGAL GUARDIAN 1 | PARENT/LEGAL GUARDIAN 2 |
|---|---|---|
| **NAME** | | |
| **FORWARDING ADDRESS** | | |
| **PHONE** | | |
| **EMAIL** | | |
| **SIGNATURE** | | |
| **DATE** | ____ /____ /____ | ____ /____ /____ |

_____
**Sarah Hamilton**
**PRINCIPAL**

_____ / _____ / _____
**DATE**