



# Holy Cross Catholic School

REED ROAD TRINITY PARK 4879

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## PARENT/GUARDIAN TO COMPLETE:

STUDENT'S NAME	YEAR LEVEL	YEAR LEVEL TEACHER
1.		
2.		
3.		
4.		

LAST DAY AT SCHOOL:	___/___/___
Exit Interview DAY _____ DATE: __/__/__ TIME: _____	
STUDENT/S WILL NOT BE EXITED FROM THE SCHOOL UNTIL PARENTS/GUARDIANS HAVE HAD AN EXIT INTERVIEW WITH THE PRINCIPAL	
MOTHER'S/GUARDIAN'S NAME:	
FATHER'S/GUARDIAN'S NAME:	
FORWARDING ADDRESS:	
CONTACT PH No:	
EMAIL:	
NEW SCHOOL (if applicable):	
REASON FOR DEPARTURE:	

Parent's signature:		___/___/___ (Date)
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Wendy Manners  
Principal

EXIT DATE APPROVED BY  
PRINCIPAL:

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### FOR OFFICE USE ONLY

- ☐ Advise Bursar
- ☐ Advise School Secretary
- ☐ Advise Classroom Teacher
- ☐ Advise Library
- ☐ Advise IT Co-ordinator
- ☐ Advise OSHCare
- ☐ Advise LST