



# Leschenault Catholic Primary School

*Christianity Friendship Respect*

## ENROLMENT CANCELLATION FORM

STUDENT NAME: \_\_\_\_\_ YEAR/CLASS: \_\_\_\_\_ DOB: \_\_\_\_\_

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STUDENT NAME: \_\_\_\_\_ YEAR/CLASS: \_\_\_\_\_ DOB: \_\_\_\_\_

LAST DAY AT SCHOOL: \_\_\_\_\_

MOTHER'S FORWARDING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ OTHER: \_\_\_\_\_

FATHER'S FORWARDING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ OTHER: \_\_\_\_\_

FORWARDING SCHOOL: \_\_\_\_\_

ANY OTHER INFORMATION: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT

SIGNATURE: \_\_\_\_\_