



## Shirley Smith High School Leavers Form

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

CONNECT CLASS: \_\_\_\_\_ LAST DAY: \_\_\_\_/\_\_\_\_/20\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF NEW SCHOOL: \_\_\_\_\_

DATE OF STARTING NEW SCHOOL: \_\_\_\_/\_\_\_\_/20\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

PARENT/CARER – CONTACT DETAILS: \_\_\_\_\_

Books to be returned

Chromebook returned to Student Hub.	SIGNATURE
Locker emptied/ cleaned, and lock returned to Student Hub.	SIGNATURE

**FRONT OFFICE STAFF:**

\_\_\_\_\_ DATE: \_\_\_\_\_

**PRINCIPAL:**

\_\_\_\_\_ DATE: \_\_\_\_\_

Office use only:

- Departed Date \_\_\_\_/\_\_\_\_/\_\_\_\_