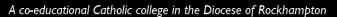
185 Main Street and 362 Yaamba Road North Rockhampton QLD 4701 PO Box 5799 Red Hill Rockhampton QLD 4701 T: 4923 5700 E: office@emmaus.qld.edu.au

www.emmaus.qld.edu.au





Emmaus College Student Withdrawal Form

Student/s Name:	_YEAR LEVEL:	TUTOR:
Parent/s Name:		
Date of student's last day at Emmaus:	_	
Reason for student leaving Emmaus: • Moving Town YES/NO ○ If YES where and the name of the school	ool the student is transfer	ring to :
 Transferring to another local school If YES, which local school: 		
 Financial reasons YES/NO If YES, would you like to talk to our Financial 	ance Manager regarding	options YES/NO
• Other:		
BEFORE LEAVING EMMAUS		
Has the student: • Returned their laptop□ Bag□ Charger□	YES/NO	Receipt Number:
Returned all their textbooks (Please phone library and IT office to confirm)	YES/NO	Receipt Number:
Cleaned out their locker	YES/NO	
Has the Account been finalised o If no, have you made arrangements with	YES/NO h the Finance Manager	YES/NO
Contact details for any follow-up:		
Address:		
Phone Number:	<u> </u>	
Parent signature:	Date:	
Staff signature:	Date:	