



EMMAUS COLLEGE
ROCKHAMPTON

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 the student is transferring to : _____
- Transferring to another local school YES/NO
 - If YES, which local school: _____
- Financial reasons YES/NO
 - If YES, would you like to talk to our Finance 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 YES/NO Receipt Number: _____
(Please phone library and IT office to confirm)
- Cleaned out their locker YES/NO

Has the Account been finalised YES/NO

- If no, have you made arrangements with the Finance Manager YES/NO

Contact details for any follow-up:

Address: _____

Phone Number: _____

Parent signature: _____ Date: _____

Staff signature: _____ Date: _____

(Original to be kept on Student's file. Scanned copy emailed to Office Manager, Finance Manager & Enrolment Officer)