

School Leaver Notification



I wish to withdraw my child/children from James Sheahan Catholic High School.

STUDENT DETAILS

Student Name: _____ Year: _____

Student Name: _____ Year: _____

Student Name: _____ Year: _____

Date student/s leaving / left: _____

Name of person notifying: _____ Signature: _____

Relationship to student: _____

Reason for leaving *[please tick appropriate box/es]*

- leaving town / relocating
[please complete forwarding information]
- entering work force / gained apprenticeship
[details needed if under 17 years old]
- going to TAFE / business college
- leaving just because they are 17 years old
- financial hardship
- peer relationship breakdown
- lack of academic progress
- bullying
- discipline related issues
- dissatisfaction with

Forwarding address:

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Contact phone number:

Forwarding school:

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Employer:

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Other

Comments:

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Interview conducted by: _____ Date of Interview: _____

When completed, this form is to be given to the Principal

Principal Signature: _____ Date: _____