



GOLD CREEK SCHOOL LEAVERS FORM- JS

This form must be filled in and returned to the Junior Site Front Office ASAP

YEAR: _____

CLASS: _____

SURNAME: _____

GIVEN NAME: _____

NAME OF NEW SCHOOL YOU WILL BE ATTENDING: _____

FULL NAME OF PARENTS: _____

SIGNATURE: _____ MOBILE PH: _____ Last Day: / /

NEW ADDRESS (or point of contact): _____

LIBRARIAN: SIGN OFF ONLY IF ALL BOOKS ARE RETURNED

BOOKS/TEXTS TO BE RETURNED	COST	LIBRARIANS SIGNATURE

or NO BOOKS OUTSTANDING – LIBRARIANS SIG: _____

CLASS TEACHER: _____

Date: / /

STUDENT RECORDS PLEASE PROCESS THIS RECORD

SAS FILE UPDATED:	DATE:	SIGNED: