



GOLD CREEK SCHOOL LEAVERS FORM- SS

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

YEAR: _____

P/C GROUP: _____

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: _____

| CHROMEBOOK & CHARGER RETURNED (If going interstate or leaving the ACT Public School System) | DATE | SIGNATURE |
|--|------|-----------|
| YES/NO or new school name: | | |

| LOCKER | Yes/No | P/C TEACHER SIG |
|-------------|--------|-----------------|
| CLEAN/EMPTY | | |

| SAS FILE UPDATED: | DATE: | SIGNED: |
|-------------------|-------|---------|
| | | |