



Caritas
COLLEGE

Notification of Student Leaving the College

Full Name (Parent): _____

Forwarding Address (if moving location): _____

Phone Number: _____

Student Name:	Class:	Last Date at Caritas College:
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1 _____	_____	_____
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2 _____	_____	_____
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3 _____	_____	_____
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Reason for leaving Caritas College: _____

New School/Educational Institution: _____

Enrolling Parent Signature: _____

Date: _____

**** Please ensure student returns: Student ID (if applicable) , all school owned books and equipment / laptop. Costs for replacement of non-returned items will incur an invoice to the family.**

For School Use

Date Received	Notification Email	ICT Helpdesk Ticket	Departing CESA Form