



Leschenault Catholic Primary School

Christianity Friendship Respect

ENROLMENT CANCELLATION FORM

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

LAST DAY AT SCHOOL: _____

MOTHER'S FORWARDING ADDRESS: _____

PHONE: _____ MOBILE: _____ OTHER: _____

MOTHER'S EMAIL ADDRESS: _____

FATHER'S FORWARDING ADDRESS: _____

PHONE: _____ MOBILE: _____ OTHER: _____

FATHER'S EMAIL ADDRESS: _____

FORWARDING SCHOOL:

ANY OTHER INFORMATION:

FORM COMPLETED BY: _____ DATE: _____
PLEASE PRINT

SIGNATURE: _____

BANK DETAILS: BSB: _____ ACCOUNT NUMBER: _____
(Required Details)