

## **STUDENT LEAVING FORM - 2020**

PALM BEACH CURRUMBIN STATE HIGH

Please complete all Sections of this form and sign where indicated						
FULL Name of Student:					Year Level:	
Last Day of Attendar		nce at PBC: / /	DOB:	Form Class:		
Name and Forwarding Address of Parent/Caregiver						
Mr/Mrs/Ms/Miss:						
Add	Address:					
Suburb:				Postcode:		
(Signature of Claima		nt)		Date:		
	tionship To Stude					
		Please complete the following Section				
	Transferred to	sferred to another QLD STATE SCHOOL School Name				
	Transferred to a <b>non</b> QLD STATE SCHOOL		School Name			
	Transferring interstate		State/School Name			
	Leaving schoo	Please attach letter from employer confirming you are working 25+ hou per week				
	Ongoing training courses e.g. TAFE		Please attach Confirmation of Enrolment and the load e.g. full time/part time			
	Dia			W a		
		ase ensure you have returned <u>ALL</u> S	cnool items including the to	liowing		
1. LAPTOPS						
2. TEXTBOOKS						
3. LIBRARY BOOKS/ENGLISH NOVELS						
<ul><li>4. UNIFORMS on loan to Uniform Shop/Interschool Sports Uniform to Sports Master.</li><li>5. This completed form will then be sent to the LIBRARY/IT Department and the TEXTBOOK Manager</li></ul>						
for a clearance. The costs of any resources/books not returned or damaged will be deducted from the total of the pro-rata refund. Once clearance has been given, a pro-rata refund calculation will be undertaken and a refund will be processed within 21 days.						

OFFICE USE ONLY							
Confirmed last day of attendance at PBC							
Confirmation of Enrol/Work - attached							
Refund Form + Reports - attached							
Financial Parent checked	Name						
Left Register (AFTER Principal JS/SS Signed off)							
SIGNATURE							
PRINCIPAL of Junior Secondary/Senior Seconda	Date	/	1				
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## RESOURCE SCHEME REFUND CALCULATIONS BASED ON THE NUMBER OF WEEKS ATTENDED BY STUDENT AT PALM BEACH CURRUMBIN SHS

ITEMS NOT RETURNED	ITEMS NOT RETURNED	ITEMS NOT RETURNED	COMMENTS					
Title:	Title:	Title:						
Cost: \$	Cost: \$	Cost: \$	TOTAL COST \$					
ITEMS	PAID	REFUND/DEDUCTION	NOTES					
Student Resource Scheme								
Government Allowance								
Year Book								
TOTAL OF LEVIES								
Deductions								
Library/Text Hire Room								
TOTAL OF DEDUCTIONS								
REFUND DUE								
Name and Signature of Staff Member who has approved								
Name: Signature:								
IT Department confirming laptop/loan computers receivedsignature								
Please return to Front Office Rec	eption for further action	/	/					