PALM BEACH CURRUMBIN STATE HIGH

Actioned REFUND Action FILE Archived



STUDENT LEAVING FORM - 2022

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/N	Λrs/Ms/Miss:						
Address:							
Suburb:				Postcode:			
(Signature of Claima		nt)		Date:			
	Relationship To Student:						
		Please complete the following Section				Start Date	
	Transferred to	sferred to another QLD STATE SCHOOL School Name					
	Transferred to	a non QLD STATE SC	HOOL	School Name		_	
	Transferring interstate			State/School Name			
	Leaving school to work			Please attach letter from employer confirming you are working 25+ hours per week			
	Ongoing training courses e.g. TAFE			Please attach Confirmation of Enrolment and the load e.g. full time/part time			
Please ensure you have returned <u>ALL</u> School Items including the following							
1. LAPTOPS							
2. TEXTBOOKS							
3. LIBRARY BOOKS/ENGLISH NOVELS							
4. UNIFORMS on loan to Uniform Shop/Interschool Sports Uniform to Sports Master.							
5. This completed form will then be sent to the LIBRARY/IT Department and the TEXTBOOK Manager 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.							

Name							
SIGNATURE							
Date / /							

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								
		1	/					
Please return to Front Office Reception for further action								