



FOR RUDOLF STEINER EDUCATION LTD.

Date: _____

Student Withdrawal Form

To be completed by the student's parent/guardian

STUDENT FULL NAME	
CURRENT CLASS	
ADDRESS (New address if applicable)	
CONTACT NUMBER	

I advise that the above student will be withdrawn from Mumbulla School as of			20__
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<input type="checkbox"/> I have had a meeting with the Education Manager regarding this withdrawal			20__
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<input type="checkbox"/> I require a meeting with the Education Manager			
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<input type="checkbox"/> I am aware that notice of the withdrawal of a student must be given by week 5 of the term prior or full term fees will be due for the first term the student is withdrawn (as per the Mumbulla School Fee Contract).			
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<input type="checkbox"/> I understand that the following items must be returned to the school before the last day of attendance.			
<input type="checkbox"/> Library books <input type="checkbox"/> Instrument <input type="checkbox"/> Instrument Book & CD <input type="checkbox"/> Bus Pass			

REASONS FOR LEAVING Please tick the appropriate box and provide details if necessary
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<input type="checkbox"/> Financial <input type="checkbox"/> Family Relocation <input type="checkbox"/> Location/Travel Problems <input type="checkbox"/> Workforce/Employment <input type="checkbox"/> Other (Please specify below)

NEW SCHOOL OR FURTHER EDUCATION DESTINATION	
Name of New School	
Other (Please specify)	

Authority to Release Student Data
<input type="checkbox"/> Give permission <input type="checkbox"/> Do not give permission
For information about my child to be transferred from Mumbulla School to the above noted school.

SIGNATURE OF MOTHER/ GUARDIAN			
PRINT NAME		DATE	
SIGNATURE OF FATHER/ GUARDIAN			
PRINT NAME		DATE	

PLEASE RETURN THIS FORM TO

Front Office
 Mumbulla School for Rudolf Steiner Education Ltd
 PO Box 790
 BEGA NSW 2550

OFFICE USE ONLY	
DATE:	EDUCATION MANAGER:
DATE:	BUSINESS MANAGER:
DATE:	EDUCATIONAL ADMINISTRATOR:
DATE:	FRONT OFFICE ADMINISTRATOR: