



FOR RUDOLF STEINER EDUCATION LTD.

Date: _____

Enrolment Withdrawal Form

To be completed by the student's parent/guardian

On completion of this form you will be required to make an appointment with the Education Manager for an exit interview.

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I advise that the above student will be withdrawn from Mumbulla School as of			20__
--	--	--	------

Please note: If you have fees outstanding you will be contacted by the Business Manager.

<input type="checkbox"/> I am aware that notice of 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of a student must be given by week 5 of the term prior or full term fees will be due for the first term the student is withdrawn (as per the Mumbulla School Fee Contract). <input type="checkbox"/> I am aware that if I withdraw my child and later wish to re-enrol, I will be asked to pay a \$100 Re-registration fee.
<p>The following items must be returned to the school before the last day of attendance.</p> <input type="checkbox"/> Library books <input type="checkbox"/> Instrument <input type="checkbox"/> Instrument Book & CD

NEW SCHOOL OR FURTHER EDUCATION DESTINATION	
Name of New School	
Home Schooling <input type="checkbox"/> I have attached a Certificate of Registration	If a student ceases attendance before a 'Certificate of Registration' is received, Mumbulla School is required to notify the Home School Liaison Officer (HSLO) of the NSW Department of Education.

Authority to Release Student Data

Give permission

Do not give permission

For information about my child to be transferred from Mumbulla School to the above noted school.

**SIGNATURE OF PARENT /
GUARDIAN 1**

PRINT NAME

DATE

**SIGNATURE OF PARENT /
GUARDIAN 2**

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

If Home Schooling, NESA Home School Liaison Officer has been notified

DATE:

EDUCATION MANAGER:

DATE:

BUSINESS MANAGER:

DATE:

FINANCE OFFICER

DATE:

OFFICE ADMINISTRATOR:

DATE:

FRONT OFFICE:

Signed:

BM:

Notice of withdrawal complies with school policy **Yes / No**

Charge following term fees – Term _____

Adjust following term fees as follows;