



WITHDRAWAL OF CHILDREN FROM SACRED HEART SCHOOL NOTIFICATION

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Kindy – Year 6 Students

Date of Withdrawal _____

Reason for Withdrawal _____

School Transferring to _____

Parent's Name: _____ Signature: _____

School Principal: Mr Steve Gibbs Signature: _____

Date: _____

Office Copy

Teacher's Copy

SEQTA UPDATED