SACRED HEART PRIMARY SCHOOL

A.B.N. 67 740 132 912

GENERAL ENQUIRIES:

(08) 9251 3000 ACCOUNTS: (08) 9251 3002 FAX: (08) 9251 3090

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NOTIFICATION OF WITHDRAWAL FOR CHILDREN ATTENDING SACRED HEART PRIMARY SCHOOL

Child's Name:			Class:	
Child's Name:			Class:	
Chilo	d's Name:		Class:	
	<u>Kin</u>	dy – Year 6 Students		
I	Date of Withdrawal			
ı	Reason for Withdrawal			
-				
	School Transferring to			
Pare	nt's Name:	Signature:		
Scho	ool Principal: Mr Steve Gibbs	Signature:		
Date	o:			
	Office Copy Teac	cher's Copy	SEQTA UPDATED	

