



ST. MICHAEL'S COLLEGE

STUDENT WITHDRAWAL FORM

Dear Principal,

Please accept this formal withdrawal notification for the following student/s from St. Michael's College,

Student: _____ Class: _____

Student: _____ Class: _____

Student: _____ Class: _____

Leaving Date: Our last day of school will be: _____

School Details: Please send transfer documents to: _____

New Address: Our new address will be: _____

From the following date: _____

We are sorry to see you go, please use this space to send a farewell message:

Withdrawal Checklist:

- There are no outstanding library books for our child/ren.
- We confirm that unless alternative arrangements have been agreed in writing with the Principal and/or Business Manager, our school fees account will be fully paid before the last day of school for our child/ren.

Parent/Caregiver Signatures:

Permission is granted for the sharing of documents between St. Michael's College and requesting education institutions. For example, *Student Reports, Test Results, Individual Education Plan (IEP), Specialist's Reports, Absentee Reports etc.*

Parent/Caregiver Signatures: _____ Date: _____