

ST MARY STAR OF THE SEA COLLEGE

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ENROLMENT CANCELLATION FORM

STUDENT NAME: _____ YEAR/CLASS _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS _____ DOB: _____

LAST DAY OF SCHOOL: _____

MOTHER'S FORWARDING ADDRESS: _____

PHONE: _____ MOBILE: _____ OTHER: _____

FATHER'S FORWARDING ADDRESS: _____

PHONE: _____ MOBILE: _____ OTHER: _____

FORWARDING SCHOOL: _____

ANY OTHER INFORMATION: _____

FORM COMPLETED BY: _____ DATE: _____

SIGNATURE: _____

OFFICE USE: FAMILY CODE: _____

COPY TO: PRINCIPAL: YES / NO BURSAR: YES / NO

RESOURCE CENTRE: YES / NO LIBRARY: YES / NO

CHANGED FORWARDING BILLING ADDRESS & PHONE NUMBER: Computer updated ____/____/____

Initial: _____