



**STUDENT INTENTION TO LEAVE  
& DESTINATION FORM**

The Queensland Government's Department of Education (DOE) commission a survey each year to gather statistical information regarding the "earning or learning" initiative for all young people. To help our school gather information and statistics on where our young people go when they leave, we request that you fill this form out on your son/daughter's exit from our school.

**STUDENT NAME:** \_\_\_\_\_ **YEAR/FORM:** \_\_\_\_\_

**REASON FOR LEAVING:** Please complete all relevant information to enable us to action

<b>Transfer to: Name of school now attending</b>	
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**Is your student working or attending Further Education, please indicate pathway:**

<b>Working:</b>	<input type="checkbox"/> Fulltime / Part-time:	<i>Please state type of work, organisation and location</i> _____ _____
	<input type="checkbox"/> Casual:	
	<input type="checkbox"/> Seeking Work:	_____
<b>Further Education:</b> <i>Please attach evidence ie: TAFE/UNI Acceptance letter, Apprenticeship indenture forms, letter from the Company confirming work status</i>	<input type="checkbox"/> Apprenticeship:	Type: _____ Location: _____
	<input type="checkbox"/> Traineeship:	Type: _____ Location: _____
	<input type="checkbox"/> Alternative Study Program:	Course Studied: _____ Institution Name: _____

A refund may not be made to me or be made in full or in part, having regard to the associated expenses already incurred by the school, and the school's refund guidelines provided to me (by bulk mail-out each year or in enrolment package). Details are kept confidential and will not be used for any other purpose.

**## In order to receive any refunds, which may be owing to you, please provide bank details below**

**BANK ACCOUNT DETAILS:**

**Account Name:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**BSB:** \_\_\_\_\_ - \_\_\_\_\_ **Account Number: (maximum 9 characters)** \_\_\_\_\_

**ALL TEXTBOOKS AND LIBRARY BOOKS MUST BE RETURNED TO THE SCHOOL PRIOR TO THE STUDENT LEAVING SCHOOL.**

Textbooks & Library Books returned: **YES**  **NO**

Confirmation Signature by Library Personnel: \_\_\_\_\_

**TEMPORARY HIRE of SCHOOL OWNED DEVICE - damages to the device may incur a cost at the parent's expense**

School owned device - iPad returned: **YES**  **NO**

Confirmation Signature by Office Personnel: \_\_\_\_\_

**PARENT/GUARDIAN CONFIRMATION**

I wish to advise that my son/daughter will cease attending Gladstone State High School from: **LAST DAY** \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ (Please Print)