

# STUDENT INTENTION TO LEAVE & DESTINATION FORM



The Queensland Government's Department of Education and the Arts (DEA) 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 our school we request that you fill this form out on your son/daughter's exit from our school.

**STUDENT NAME:** \_\_\_\_\_

**YEAR/FORM:** \_\_\_\_\_

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## REASON FOR LEAVING: (Please tick the appropriate box/es)

**TRANSFER TO:** \_\_\_\_\_ (School Name)      **STATE:** \_\_\_\_\_

**Or**

**WORK:**      FULL TIME       CASUAL       NO. OF HOURS: \_\_\_\_\_      SEEKING WORK:

TYPE OF WORK: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**Or**

**APPRENTICESHIP:**       TYPE OF APPRENTICESHIP: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**Or**

**TRAINEESHIP:**       TYPE OF TRAINEESHIP: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**Or/and**

**ALTERNATIVE STUDY PROG:**      CERT I-II       CERT III       CERT IV

COURSE STUDIED: \_\_\_\_\_ INSTITUTION NAME: \_\_\_\_\_

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**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: \_\_\_\_\_

**➔➔ Please turn over the page for refund details and parent signatures.**

# REQUEST FOR REFUND OF STUDENT RESOURCE FEES

## I understand and agree that:

1. 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 mailout each year or in enrolment package)
2. the school receipt for the original payment is attached / not attached. (Please circle)
3. my details will be kept confidential and will not be used for any other purpose.
4. my refund be made:

by school cheque (put detail forwarding address and phone contact):

Forwarding Address: \_\_\_\_\_

Phone Contact Nos: \_\_\_\_\_

to my bank account via electronic funds transfer (EFT) (please complete details below)

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## BANK ACCOUNT DETAILS:

Account Name: \_\_\_\_\_

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

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

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## PARENT/GUARDIAN CONFIRMATION

I wish to advise that my son/daughter will cease attending Gladstone State High School from:

LAST DAY OF ATTENDANCE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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## OFFICE USE:

Student ID: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Refund Authorised by: \_\_\_\_\_ (HOD / BSM Signature)

Cost Centre \_\_\_\_\_ Trans Code \_\_\_\_\_ GST Code \_\_\_\_\_

Credit Note No: \_\_\_\_\_