



Thomas Mitchell Primary School

STUDENT TRANSFER/EXIT FORM



Family Name:		Exit Date:
Student / Class	Student / Class	Student / Class

New School: <small>(If transferring to an interstate school, information consent form to be completed)</small>			
New Home Address if applicable:			<input type="checkbox"/> Noted on C21
Phone Numbers:	Home:	Mobile:	

Parent Use

Reason for transferring to another school				
If refund due who would like the cheque made payable to (please indicate)				
Library Books Returned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please attach listing of outstanding books to form Or Librarian to sign if all clear.....	
EMA Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, has payment been collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Signature(if available):.....Date:

Office Use

Excursion participation updated	<input type="checkbox"/>	Credited charge if excursion not yet held	<input type="checkbox"/>
Library Books Returned	<input type="checkbox"/>	If no, please attach listing of outstanding books to form	
EMA Application	<input type="checkbox"/>	If yes, has payment been collected?	<input type="checkbox"/>
Exiting /Arriving form completed	<input type="checkbox"/>	Final Day attendances completed Last day of attendance	<input type="checkbox"/>
Collect file from teacher	<input type="checkbox"/>	Date file forwarded for archiving	
enrol/exit docs,	<input type="checkbox"/>	Transfer Note forwarded	
Health Centre records	<input type="checkbox"/>	Credits & Refunds processed prior to exit – attach copy	<input type="checkbox"/>
AP records	<input type="checkbox"/>		

*****All documents are to be retained for archiving – if requested, the receiving school will receive photocopies of our documentation only******

Finalised Date: Initials: Business Manager Initials:

This form to be attached to transfer note copy and held with enrolment records at Thomas Mitchell PS.