



EXIT FORM

An exit form must be completed for each student leaving the school. Please complete the details in the sections headed Student Information and Parent Authorisation.

STUDENT INFORMATION

Name: _____ Grade: _____

Transferring to: _____ (School Name)

In the suburb of: _____ commencing on: _____

Please indicate the reason for leaving B.P.S. eg. moving interstate, relocating:

Victorian Student Number (VSN) _____

EMA recipient: Yes / No Levies paid: Yes / No
(Please circle if relevant)

PARENT AUTHORISATION

I / We _____ (Name of Parent/s or Guardian/s)

Request that my/our son/daughter _____ (name of student)
be granted a transfer note.

PARENT SIGNATURE: _____

If relocating please supply new address and contact details:

DATE OF LEAVING BEAUMARIS PRIMARY SCHOOL: _____

OFFICE USE ONLY:

To be circulated promptly to the following staff:

<i>TITLE</i>	<i>SIGNATURE</i>
Principal	
Assistant Principal	
Business Manager	
Classroom teacher	
Librarian	