

Senior School Exit Form



Taylors Lakes
SECONDARY COLLEGE

Last day of Attendance:

AGE: (on that date)

CURRENT INFORMATION

Name:

FORM / HOMEGROUP:

Current Address:

Postcode:

Phone Numbers:

HOME:

MOBILE:

NEW HOME LOCATION/ADDRESS & PHONE (If moving residence):

Phone:

STUDENT DESTINATION

If Continuing Education and Training

Name & Location of New School/institution/provider:

ALL STUDENTS

Please indicate the reason/s for exiting:

If you NOT Continuing Education and Training

Select one from the following:

Employed

Unemployed – Seeking Work

Other: _____

If employed indicate

Name of employer: _____

Type of industry: _____

SCHOOL ADMINISTRATION REQUIREMENTS:

HAVE YOU DONE THE FOLLOWING?

Returned all books to the Library?

Cleaned out your locker?

Have you finalised all outstanding fees etc with the office staff?

SIGNATURES REQUIRED BEFORE LEAVING

Before leaving you are required to see the following staff members:

Year level coordinator: _____

Assistant Principal: _____

Careers /or MIPs
coordinator: _____ (if applicable)

Librarian: _____

Parent's signature: _____ Date: _____

