



LEAVERS FORM

DETAILS

<input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR (OVER 16 YEARS OF AGE)				
EQ ID		FORM		LAST DAY OF ATTENDANCE
SURNAME			GIVEN NAMES	

EXIT SURVEY

WHY ARE YOU LEAVING ASHS?

- | | |
|---|---|
| <input type="checkbox"/> State Secondary | <input type="checkbox"/> Employment – Part-Time |
| <input type="checkbox"/> Non-State Secondary | <input type="checkbox"/> University |
| <input type="checkbox"/> Home Schooling | <input type="checkbox"/> Further Education/VET |
| <input type="checkbox"/> Employment – Full Time | <input type="checkbox"/> Apprenticeship/Traineeship |

DESTINATION DETAILS

SCHOOL / OTHER	_____
	<input type="checkbox"/> QLD <input type="checkbox"/> Interstate <input type="checkbox"/> Overseas

FINANCE DETAILS

HAS A SCHOOL LAPTOP	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Paid in Full <input type="checkbox"/> No - Balance Owing \$ _____
STUDENT RESOURCE SCHEME	<input type="checkbox"/> Instalments <input type="checkbox"/> Paid in Full <input type="checkbox"/> No - Balance Outstanding \$ _____

REFUND INFORMATION

NAME OF ACCOUNT FOR EFT REFUND	_____		
BSB NUMBER:	_____ - _____	A/C NO:	_____

PARENT / GUARDIAN CONTACT DETAILS

NAME	_____		
PHONE/S	_____		
ADDRESS	_____		
EMAIL	_____		
SIGNATURE	_____	DATE	_____

Thank you for completing your student's leaver's form.