



STUDENT WITHDRAWAL FORM

Darul Ulum College of Victoria
 17 Baird Street (P.O.Box 130) Fawkner Victoria 3060 Australia
 Email: info@dulum.vic.edu.au Website: www.dulum.vic.edu.au
 Phone: 03 9355 6800 Fax: 03 9359 0692

PLEASE READ THE CONDITIONS BELOW BEFORE COMPLETING THIS FORM

- This student withdrawal form may only be used for one student.
- This form must be completed and submitted to the school office 1 term (10 school term weeks) prior to the last day of student's attendance at the school.
- All school fees must be paid and cleared prior to withdrawal of student otherwise the case will be referred to debt collectors.
- Confirmation of withdrawal will be conveyed to you.

Student's first name				Student's surname			
Student's year level							
Date of last day of school attendance	___ / ___ / 20__						
Parent's contact details	Phone number						
	Email address						
Prospective school							
Prospective school's address	Suburb				State		
					Postcode		
Reason(s) for leaving the school							
Parent/Guardian Full Name:							
_____				_____			
Signature				Date			
Parent/Guardian Full Name:							
_____				_____			
Signature				Date			

SCHOOL STAFF USE ONLY		
The following items must be completed prior to the student's last day:		
Has the student's Form Teacher been informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student's Level Coordinator been informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Library been informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Accounts Department been informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	
Registrar	Date	