

**CHECKLIST FOR STUDENTS LEAVING HARRISON SCHOOL PERMANENTLY
PARENTS – PLEASE COMPLETE AND RETURN TO THE FRONT OFFICE**

STUDENT NAME: _____

CLASS: _____ CLASS TEACHER: _____

LAST DATE OF SCHOOL AT HARRISON: _____

NEW SCHOOL NAME: _____

FORWARDING ADDRESS: _____

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

Student to see library to complete:

Chrome book returned? Y / N / Other ACT school Date Returned: _____

If moving to another ACT public school, location: _____

Library books returned? Y / N Signed: _____

Front Office to complete:

Locker:

Made a leaver on MAZE:

Absences printed on SAS:

Removed from Timetabler:

File sent to other ACT public school / Filed in archive cabinets:

Checklist completed: Date: _____ By: _____

Notes: _____