

**CHECKLIST FOR STUDENTS LEAVING
HARRISON SCHOOL PERMANENTLY**

PARENTS PLEASE COMPLETE AND RETURN TO FRONT OFFICE

STUDENTS NAME	
CLASS TEACHER	DATE OF DEPARTURE
NEW SCHOOL NAME	
FORWARDING ADDRESS	

Parent Names: _____

Parent Signature: _____

School Use – Student to complete
Checklist to be signed off by following officers:

Library _____
(All resources returned)

CLASSROOM TEACHER					
ABSENCES BY TERM					
Books, projects stationery etc return to student All school reading books and/or equipment returned Signed: _____					

Form is to be completed before the student leaves and returned to front office ASAP
Front office - check list completed _____