

20 Wimmera Street Harrison ACT 2914
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 Ph: (02) 6142 2200

LEAVING HARRISON SCHOOL PERMANENTLY

Please complete this form if your child is leaving Harrison School permanently.
 One form must be completed per child.

Student Name:	
Year/Class:	
Last Date at Harrison School:	
New School Name:	
Forwarding Residential Address:	
Parent/Carer Name:	
Parent/Carer Contact Number:	
Parent/Carer Signature:	
Date:	

Please ensure the following checklist is complete:

Chromebook has been returned:

Chromebook charger has been returned:

Library books returned:

Home readers returned:

Staff Name: _____

Date: _____

