

GRACEMERE STATE SCHOOL

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Student Departure Form

Student Name:		Class:	
Intended Departure Date:			
Forwarding School:			
Forwarding Postal Address:			
Contact Number:			
Parent Name:			
Signature:		_ Date:	
Office use only:			
Intended Departure:			
Contact Log:	Principal		
	Teacher Accounts Receivable	ä	
_	Absence Officer		
Departed:			
Signed:		Date:	