



Our Lady of the Sacred Heart Catholic College

PO Box 2508
Alice Springs, NT 0871
AUSTRALIA
CRICOS Provider 02598D

STUDENT DEPARTURE NOTIFICATION

Student's Surname: _____ First Name: _____

Family Name (if different from students): _____

Date of Last Day at School: _____ Year Level: _____ Roll Group: _____

Reason for Leaving: _____

Destination: (Pre-School / ELC / School): _____

Forwarding Address: _____

Parent's Name: (Please Print) _____

Parent's Phone Number/s: _____

Parent/s Signature: _____

Date of Notification: _____

OFFICE USE ONLY

If notification is received by phone, the above information is to be completed and signed by the person who took the information. If notification is in writing, please attach notice to this form.

☐ CENTRAL ADMINISTRATION: Email copy to finance.olshalice@nt.catholic.edu as soon as notification is received.

☐ FINANCE: ☐ Fees Checked

Original forwarded to:

☐ HEAD OF CAMPUS (Signature): _____

☐ TEACHING STAFF NOTIFIED.

☐ LIBRARY STAFF INFORMED: (Checking for outstanding Books/Text Books)

☐ MAZE DATABASE: Student made inactive ☐ TIMETABLING: Student made inactive