



## STUDENTS LEAVING

*Please complete and return to the front office if your child/ren  
will be leaving Neerigen Brook Primary School.*

STUDENT NAME: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

YEAR/ROOM: \_\_\_\_\_

DESTINATION SCHOOL/COLLEGE: \_\_\_\_\_

LAST DAY AT NEERIGEN BROOK PS: \_\_\_\_\_

TEACHER NOTIFIED:  YES or  NO

PARENT/CARER NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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