STUDENT WITHDRAWAL FORM

PERSONAL INFORMATION OF STUDENT/S

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<th>SURNAME:</th>
<th>Year Level:</th>
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Date Withdrawal will be effective: (e.g. last day at the College)

At Strathalbyn Christian College we take partnering with you in your child/ren’s education very seriously. Your feedback is therefore valuable to us.

As part of the withdrawal process, please answer all of the following questions. Feel free to speak from your heart.

INFORMATION ABOUT WITHDRAWAL OF STUDENT/S

1. What are the reasons for withdrawing your child/ren?

If you are relocating, please provide a forwarding address:

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2. How satisfied are you with the quality of education your child/ren have received at SCC?

- Extremely satisfied  - Very Satisfied  - Satisfied  - Somewhat Dissatisfied  - Very Dissatisfied

Other Comments:

3. Do you feel the College was effective in dealing with social and emotional needs and welfare of your child/ren?

- Extremely Effective  - Very Effective  - Effective  - Somewhat Effective  - Not Effective at all

Other Comments:

4. Were your child/ren’s teacher/s effective in communicating your child/ren’s educational progress?

- Extremely Effective  - Very Effective  - Effective  - Somewhat Effective  - Not Effective at all

Other Comments:

… continued over the page
5. How successful was Strathalbyn Christian College in fulfilling its Christian approach to education?

- [ ] Extremely Successful
- [ ] Very Successful
- [ ] Successful
- [ ] Somewhat Successful
- [ ] Not Successful at all

Other Comments:

6. Could the College have done anything differently for your child/ren?

7. Is there anything else you would like to share or comment on?

8. To ensure a smooth process for transfer of records, please advise which school/s your child/ren will be attending in future:

I understand that notice of withdrawal given less than 5 weeks prior to the end of a school term means I will pay a $500.00 fee in lieu of notice (as per Point 10. of the Parent/Guardian Agreement signed on enrolment of students at the College).

Parent/Guardian Name/s: ______________________________  ______________________________

Parent/Guardian Signature/s: ______________________________  ______________________________

OFFICE USE ONLY: Enrolments Officer to complete

Form received by Enrolments Officer: _____/_____/__________  Form sent to Principal/DP: _____/_____/__________

EO acknowledged Receipt of Form: _____/_____/__________

Notification given to DTL/DOP/Bus Mgr/Fees Off/Communications Off/Library: _____/_____/__________

Contact with Family  [ ] Letter  [ ] Phone call: _____/_____/__________  By: ______________________________
