



Evelyn  
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## EVELYN SCOTT SCHOOL LEAVERS FORM

Please fill in and return to the ESS Front Office prior to your child's departure from ESS

[evelynscottschool.information@ed.act.edu.au](mailto:evelynscottschool.information@ed.act.edu.au)

STUDENT NAME/S	YEAR LEVEL	CLASS	LAST DAY ATTENDING ESS
NAME & ADDRESS OF FORWARDING SCHOOL/S			
PARENT NAME/S:			

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **OFFICE USE ONLY:**

ENROLMENT OFFICER NOTIFIED: Y / N DATE: \_\_\_\_\_ STAFF NAME: \_\_\_\_\_

EXECUTIVE TEACHER NOTIFIED: Y / N DATE: \_\_\_\_\_ STAFF NAME: \_\_\_\_\_

SENTRAL DEPARTURE PROCESSED: Y / N DATE: \_\_\_\_\_ STAFF NAME: \_\_\_\_\_

STUDENT FILE DEPARTURE: ARCHIVE/FORWARDING SCHOOL: \_\_\_\_\_

### **LIBRARY USE ONLY**

CHROME BOOK RETURNED (YEAR 7-10)	DATE	LIBRARIAN SIGNATURE:
Y/N Asset #		
Y/N Asset #		
Y/N Asset #		
LIBRARY BOOKS RETURNED Y/N		

STUDENT LOCKER EMPTIED & RETURNED: Y / N

Additional Notes: \_\_\_\_\_

CHECKLIST COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_