

Exit Form

Please print clearly and either highlight or circle your responses.

Please list all children enrolled at Silver Tree:		
Name	Date of Birth	Withdraw/ Remain

For those children withdrawn, last date at Silver Tree:	
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New school:			
Name of new school:		Suburb:	
Date of commencement:			
If home schooling, I have registered my child with the Department of Education:	Yes	No, but I commit to registering within 6 weeks.	N/A

If applicable, new address:			
House number:		Street Name:	
Suburb:			
Postcode:		State:	
Country:		Date of move:	

Reason/s for Withdrawal (tick box):			
Moving house or travelling		Social issues	
Withdrawal related to the class teacher		Academic progress	
Withdrawal related to the administration		Change in financial circumstances or finances not sustainable	
Leaving for high school		Leaving to join the school which my child will attend for High School	
Not a good fit for our family or child		Change of relationship status	
Didn't settle		Other	

What do you consider to be the most positive aspects of Silver Tree?

If you could change one thing at Silver Tree, what would it be?

How could the Silver Tree have better met your needs?

I/we understand that any future application for enrolment to the school will be subject to the standard application processes and fees.

I/ we understand that Silver Tree Steiner School requires a term's notice or a fee will be charged in lieu of this.

If a Court Order or Parenting Plan is in place:
 If the Court Order or Parenting Plan indicates which parent is responsible for a decision on schooling, then the Exit Form should be signed by the appointed parent. If the Court order or Parenting Plan indicates that both parents are responsible for a decision on schooling, then both parents should sign the Exit Form.
 Where there are no Court Orders or Parenting Plans, the Family Court Act says that each of the parents of the child has parental responsibility, therefore both parents must sign this form.

Mother/ Guardians signature:	Father/ Guardians signature:
Date:	Date: