



**PERTH WALDORF
SCHOOL**
Steiner Education

STUDENT WITHDRAWAL FORM

Please complete the withdrawal form in full and return it to:

Enrolments Officer
Perth Waldorf School
P.O Box 1247 Bibra lake, WA 6965
Email: pws@pws.wa.edu.au
Tel: (08) 9417-3638 Fax: (08) 9417-5354

STUDENT DETAILS

Family Name:

Given Name:

Home Address:

Class:

Teacher:

PARENT/GUARDIAN CONTACT DETAILS

Parent/Guardian 1 Full Name:

Email:

Mobile:

Withdrawal Details

Date of withdrawal:

Reason for Withdrawal:

Please state which school your child will be enrolled at:

Please note that we are required by the Department of Education WA to keep a record of where children are enrolled. As per the education Act of 1999, if we do not have this information we will inform the Department of Education and the student will be listed as "whereabouts unknown".

SIGNATURES – BOTH PARENTS/GUARDIANS MUST COMPLETE

(Please tick)

- I/We understand that on full term's notice is required for withdrawal from PWS, and that school fees will be charged in lieu of this notice.

- I/We acknowledge that PWS has a strict Debt Recovery Policy. I/we understand and accept any legal costs or other related expenses incurred by PWS pursuing an outstanding account, including but not limited to: Dishonoured cheques, fees, legal costs and/or formal debt collection costs, whether they are charged by scale or on any other basis.

- I/We understand that PWS must be informed of my/our child's new school, as required by the Department of Education, and that I/we must enrol my/our child in an educational institution or register for home-schooling with the Department of Education.

Parent/Guardian 1

Parent /Guardian 2

Signature:

Signature:

Date:

Date: