

LEAVERS/TRANSFER FORM

(confidential)

I would like to inform the school that my child/children will be leaving Theodore Primary School, the last day of attendance will be on ____/____/____.

Students Name _____ Class _____

School Student is Transferring to: ACT: _____

Interstate: _____

Forwarding Address: _____

Signed _____ Date _____

Checklist: have you –

- *Provided a forwarding address*
- *Returned library books*
- *Collected medication*
- *Donated uniforms no longer needed*

EXIT SURVEY

We would appreciate your feedback about our school. This is an opportunity to collect data on the school and our programs. This information will help us with future planning.

Reason for leaving _____

Programs you believe are successful at Theodore _____

Areas for improvement at Theodore _____



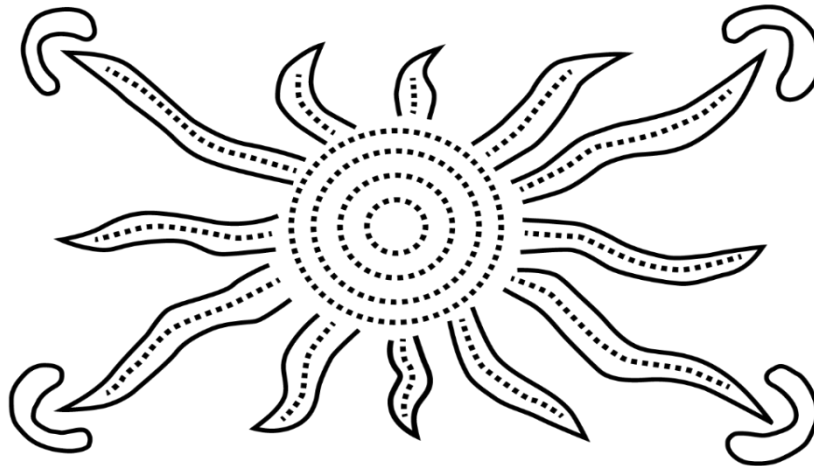
ACT Education Privacy Information

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) Theodore Primary School. This information is necessary for us to be able to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion.

Normally we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose.

Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion.

The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.



Theodore Primary School

