

## WITHDRAWAL FORM

CHILD & PROGRAM DETAILS		
First Name:	Program:	3 yr old program / 4 yr old program
Last Name:	Group:	Wattle/Waratah/Blue Gum/Eucalypt
Reason for withdrawal:		
Effective date of withdrawal:	/ /	
ACKNOWLEDGEMENT		
I understand that <b>not less than one t</b> child's place at the Kindergarten. <b>If I</b> payable.		
Signed:	(Parent 1)	(Parent 2)
Name: (BLOCK LETTERS)	(Parent 1)	(BLOCK LETTERS)
Date:	(Parent 1)	(Parent 2)
OFFICE USE  EXIT INTERVIEW DETAILS		
Conducted by (staff member name):		Signed:
Conducted with parent(s) name(s):		Date: / /
Signed withdrawal form received by:		Date:/ /