



ST BRIGID'S PRIMARY SCHOOL

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ENROLMENT CANCELLATION

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

STUDENT NAME: _____ YEAR/CLASS: _____ DOB: _____

LAST DAY AT SCHOOL: _____

MOTHER'S FORWARDING ADDRESS: _____

PHONE: _____ MOBILE: _____ OTHER: _____

FATHER'S FORWARDING ADDRESS: _____

PHONE: _____ MOBILE: _____ OTHER: _____

FORWARDING SCHOOL: _____

ANY OTHER INFORMATION: _____

FORM COMPLETED BY: _____ SIGNATURE: _____
(PLEASE PRINT)

DATE: _____

BANK DETAILS IF REFUND OF SCHOOL FEES IS APPLICABLE

NAME OF BANK: _____

ACCOUNT NAME: _____

BSB NO: _____ ACCOUNT NO: _____