



Smithfield State High School

STUDENT EXIT FORM

STUDENT DETAILS

Student Name: _____	Year Level: _____
Date of Birth: ____/____/____	Last day of attendance: ____/____/____

DESTINATION DETAILS

- Destination School: _____
- Reason: _____
- If student is **NOT** transferring schools – please select option below:
 - Undertaking further education eg TAFE (only students completed Yr 10 or 16 yrs +)
Please provide details: _____
 - Undertaking fulltime employment – must be working min. 25 hrs per wk (only students completed Yr 10 or 16 yrs +)
Please provide details:
Employment name _____ Commencement date _____

REFUND REQUEST

I wish to claim a refund for monies paid to Smithfield State High School in relation to the following: (Refunds will be transferred directly into your bank account).

- Pro Rata Resource fee Pro Rata Subject fees Prepaid camp/excursion fees

I hereby give permission for any monies owing to Smithfield State High School be deducted from the Textbook & Resource Allowance refund and give permission for any refund to be used to pay outstanding fees for any other family member remaining at the school.

Signature (Parent/Carer): _____ Date: _____

Name (Parent/Carer): _____

BSB NUMBER	
ACCOUNT NAME	
ACCOUNT NUMBER	



Department of Education
Trading as Education Queensland International (EQI)
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