



BURANDA STATE PRIMARY SCHOOL

24 Cowley Street, Buranda Q 4102
Telephone 3435 1222 Fax 3391 2194
Email admin@burandass.eq.edu.au

STUDENT EXIT FORM

To be completed by the parent before leaving Buranda State School

STUDENT NAME: _____ D.O.B: _____

CLASS: _____ LAST DAY AT BURANDA STATE SCHOOL: ____ / ____ / ____

REASON FOR LEAVING: _____

DESTINATION (*please tick and complete appropriate response*):

☐ Another Queensland School, namely _____

☐ Interstate/Overseas, namely _____

Contact person in new destination _____

Contact person phone number _____

Home Address (if moving): _____

Email: _____ Phone No: _____

I confirm that the information provided above is true and correct.

Parent name:Signature:Date:.....

Parent checklist:

Collect all belongings / books / stationery from student's classroom, office or elsewhere

Return any class resources to the teacher

Return ALL books to the Library

Return any musical instrument and sheet music to the office

Finalise any outstanding payments at the office

Any uniform items would be greatly appreciated – Thank you!

This form must be completed:-

before we can issue any student reports for the school year.