

WITHDRAWAL FROM ENROLMENT



MLC
CLAREMONT

METHODIST LADIES' COLLEGE

Use this form to confirm the withdrawal from enrolment of a child at MLC.

STUDENT DETAILS Please use BLOCK LETTERS.

Surname _____ First Name _____
Date of Birth ____ / ____ / ____ Current Year _____

FAMILY DETAILS

Mother

Surname _____
First Name _____
Mobile phone _____
Email _____

Father

Surname _____
First Name _____
Mobile phone _____
Email _____

Home address

Provide only one address if it's shared by mother and father.

Street address _____
Suburb _____
State _____
Postcode _____

Street address _____
Suburb _____
State _____
Postcode _____

The student lives at this address:

All of the time Part of the time

The student lives at this address:

All of the time Part of the time

GENERAL CONSENT

This is a declaration by the parents or guardian/s responsible for fees.

We:

1. Acknowledge that, as per the Enrolment Confirmation we both signed, we have agreed that:
 - a. If after paying the confirming fee, but prior to starting at school, you withdraw the student from the College and do not notify the College of your intention at least one full term in advance, an In Lieu of Notice Fee (equivalent to 25 per cent of the relevant full annual tuition fee), and if applicable 25 per cent of the full annual boarding fee, will be payable.
 - b. If after our child has started attending the School, we decide to withdraw our child from the School; we will give you notice at least one full term in advance. We understand that if we do not give this notice an In Lieu of Notice Fee (equivalent to 25 per cent of the relevant full annual tuition fee) will be payable and if applicable, boarding fees must be paid for the whole year.
2. Apply to have the above-named student withdrawn from enrolment at Methodist Ladies' College effective from ____ / ____ / ____ (date)
3. Which school is your daughter moving to? _____
4. Please provide reason(s) for your decision to withdraw the student from enrolment at the Methodist Ladies' College:

FORWARDING ADDRESS

Street address _____

Suburb _____

State _____

Postcode _____

Phone _____

Would you like to stay in contact with MLC and receive Strive, Collegian Connection Newsletter, and Reunion Information?

Please tick the box for Yes No

Father's signature _____

Date ____ / ____ / ____.

Mother's signature _____

Date ____ / ____ / ____.