KURANDA DISTRICT STATE COLLEGE
Student Departure Form

Date:	
Student Name:	
Date of Birth:	
Year Level:	
Student Departure Date:	
Destination:	
Destination School:	
Parent/Carer Name:	
Phone:	
Email:	
Current Address:	
Forwarding Address:	
Parent Carer Signature:	

BANK ACCOUNT DETAILS FOR REFUND

BSB: **Account name:**

Account number:

OFFICE USE ONLY	
Date Received:	
Initials:	