

Howayek Providence Limited trading as

Maronite College of the Holy Family

23-25 & 36 Alice Street, Harris Park NSW 2150
P: (02) 9633 6600 | E: admin@mchf.nsw.edu.au | W: www.mchf.nsw.edu.au

Withdrawal of Enrolment

Please complete and return to the Enrolments Officer

Date of Advice:						
Student Name/s and Year:						
Last Day of Enrolment:						
Destination: (Please ensure evidence of new destination has been provided)						
Reasons for Leaving:						
 Ado Event employer The College requirement well as the intended desirement All unpaid debts the withdrawal request. In default of such the such that the such that	umentation is required to be submitted: dvice of Withdrawal of Enrolment vidence of New Destination (i.e. acceptance letter from the new school or res four (4) weeks written notice of withdrawal of a student from the College as tination of the student. hat have been utilised must be settled before the College will approve a motice, the College will charge a full term's fee for that student's place that is no is limited to the unutilised fees that have been paid for.					
Parent/Guardian #1 Name:						
Signature:	Date:					
Parent/Guardian #2 Name:						
Signature:	Date:					
OFFICE USE ONLY						
Date Received:	Received By:					
Principal and Teachers ð Ye	S Fees Paid & Yes Any College resources & Yes (provide details)					

Date Received:	Received By:					
-		Fees Paid to Date:	o res ă No	Any College required to returned?	he	ð Yes (provide details) ð No
Sr Margaret Ghosn Executive Principal	Signed:				_ Date:	