

Attention: Manager Children's Services and Administrator

TERMINATION OF CARE APPLICATION

I, (parent/ carer name) _____ wish to terminate care for my child/ren

(child/ren's name/s): _____

who attend school at (*please tick*):

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hurstville Grove PS | <input type="checkbox"/> Mortdale PS | <input type="checkbox"/> Penshurst PS |
| <input type="checkbox"/> Penshurst West PS | <input type="checkbox"/> Narwee PS | <input type="checkbox"/> St Declans |

and care at our centre located at (*please tick*):

- Pole Depot NHC Hall Penshurst West P.S. Hall Mortdale P.S. Hall Narwee P.S. Hall

Termination of Care

Last Date of Care _____ **Last Day of Care** (eg. Monday etc.): _____

Note :

- Please refer to the Parent Information Booklet, Item 4.1b, in regard to notice required (at least two weeks) and conditions.
- Equipment Levy for any school year carries to the end of that year.
This amount is non-refundable
- Re-application for care is required, with a minimum exclusion period of eight weeks after initial termination.

Please complete :

I have withdrawn my child/ren from care due to (*eg. changes to work arrangements*)

.....

Parent/ Carer's Signature		Date	
----------------------------------	--	-------------	--

OFFICE USE ONLY

Form processed by:

Entered in Transport Book	Yes / No	Date	
Entered in Transport Book by (name & initials)			
Data entered into system by CSM or CCC (name & initials)		Date	
Filed (attached to form) by (name & initials)		Date	