



Respect / Tolerance & Inclusion / Excellence

Telephone (02) 6205 8011 Fax (02) 6205 8002

Ratcliffe Crescent, Florey ACT 2615 PO Box 223, Kippax ACT 2615 Website: www.floreyps.act.edu.au

LEAVERS' FORM

(confider	ntial)		
I would like to inform the school that my chi	ld/children will be l	eaving Flor	rey Primary
School, and the last day of attendance will be	e on/	_/	,
STUDENT NAME/S	CLASS		
SCHOOL STUDENT IS TRANSFERRING T	·O:		
Interstate:			
Forwarding address: (if appropriate):			
Signed:	Date:		
Name:			
Checklist. Have you:			
 returned all library books 	YES/NO		(initials)
 LA Teacher advised 	YES/No		(initials)
Report required	YES/NO		(initials)
 given the Front Office a forwarding address 	ess YES/NO		(initials)
Office use:			
Child's Name:			
Computer records updated	YES/NO		
Student File forwarded	YES/No		

Exit Survey

Dear Parent/ Carer

As your family leaves the Florey Primary School community we would appreciate you spending some time giving us feedback about the school. This is a good opportunity to collect data on the school and its programs. This will help us with future planning.

Please complete this form and return it to the front office.

Thank you.

Where are you going?

Another ACT Public School

Private School

Interstate

Overseas

Why? (optional)

Please indicate the programs that you believe are successful at Florey:
Please indicate areas for improvement at Florey:
Please indicate areas for improvement at Florey:
Please indicate areas for improvement at Florey:
Please indicate areas for improvement at Florey:
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Please indicate areas for improvement at Florey:

Any Florey Primary School uniforms no longer needed will be gratefully accepted for our second hand uniform store.