



**POLISH ETHNIC SCHOOL INC.
DISCHARGE FORM**

Student's Details

Student's First Name

Student's Surname

Date of birth Place of birth

Address

..... Post code

Name/Address of Australian school

.....

Current year in Australian school

Contact Information

Father's name

Mother's name

Parent's/Guardian's phone number

Parent's/Guardian's email

Please discharge my child from the Polish Ethnic School Inc. At the same time I am obliged to pay all outstanding school fees.

.....
Date and legible signature of the parent (legal guardian)

Student is discharge from the list of Polish Ethnic School as from (date).....

.....
Date and signature of School Coordinator