



Wraparound Notice to Leave Form

Please complete this form if you no longer require a place for your child/children in Wraparound



Please be reminded that you are obligated to give notice two weeks prior to your child/children leaving the provision

Name of Child

Class

Date of Birth

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Parent/Carer Declaration

I, (Print Name) give two weeks' notice that I no longer wish my child/children to attend the Wraparound provision. I understand, in accordance with the Wraparound terms & conditions that my child/children will attend during the two week notice period and I will be charged as usual.

Signature: Date:

Relationship to Child/Children:

Contact Number:

Please remember to settle your account(s) when returning this form to the School Office.

Thank you.

For office use only

Last day of EDC: Print & Sign: Date:

Information updated on Tucasi? Print & Sign: Date:

Account balance(s) paid in full? Print & Sign: Date: