

STUDENT DEPARTURE FORM

Student name:
Date of birth:
Date of last day at St. John's School:
Date of Departure from Cyprus:
Name of person collecting school documents: <i>Student documents must be collected by a parent/guardian, a signature will be required on collection. Student documents are prepared for collection on the last school day at SJS, should you wish to have the documents earlier please contact the School Office on 25963888.</i>
Details of new School/College: (Name, Address)
School/College telephone number:
Parent's/Guardian's name:
Family forwarding address:
Family e-mail address: (Available to contact when off island)
Receiving unit address:
Telephone number: (if available)

If you are unable to provide the new school information, please email us once you are settled
bparry@stjohnsschoolcyprus.com

WHEN COMPLETED PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE AS SOON AS POSSIBLE.

Parent/Guardian signature: _____