



DEBASCA

CESSATION OF CARE FORM

Please use this form to provide the required **TWO WEEKS' notice** before withdrawing a student from our Service. All families permanently withdrawing their child from DEBASCA should submit this form.

Child First Name		Child Last Name	
Child's Grade		Child's School	
Last Day Attending (dd/mm/yyyy)			
Reason for Withdrawing		<input type="checkbox"/> Going to high school <input type="checkbox"/> Changing schools <input type="checkbox"/> Medical/illness <input type="checkbox"/> Financial <input type="checkbox"/> Personal <input type="checkbox"/> Other reasons (explain):	
How satisfied were you with your experience at DEBASCA? (1 = very dissatisfied; 5 = very satisfied) <i>Please provide comments where necessary.</i>		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Parent's First Name		Parent's Last Name	
Best Contact Number			
Email			
Note: Parents must give DEBASCA two (2) weeks' notice before withdrawing a student from our Service, otherwise they will be required to pay the corresponding fees. Fees will be charged until a student is formally withdrawn. Please refer to our Cessation of Care Policy. As per government regulations, CCS will not be paid for absence/s on the last day or any consecutive days of absence prior to the last day hence full fees will be applicable. This is a policy of the Family Assistance Office in relation to Child Care Subsidy.			
Office Use Only:			
Cessation of Care submission date (dd/mm/yyyy)			
Outstanding fees		<input type="checkbox"/> Y <input type="checkbox"/> N	