



A.B. PATERSON COLLEGE

Developing Young Men and Women of Character –

Leaders Now and For the Future



CANCELLATION/CHANGE OF ENROLMENT/WITHDRAWAL FORM

Student Surname		Student First Name	
Parent Surname		Parent First Name	
Address			
Telephone	H	B	M
Parent Email			Year Level of Student

Instrumental Teacher's name: (office use only) _____

Reason for cancellation/change: -

Signature of Parent/Guardian _____ Date _____

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