CANTERBURY COLLEGE

OSHC CANCELLATION FORM

NAME OF STUDENT/S _____ CLASS _____

_____ CLASS _____

_____ CLASS_____

PLEASE CANCEL OSHC FOR THE FOLLOWING DAYS:

	AM	PM
MONDAY	☐	☐
TUESDAY	☐	☐
WEDNESDAY	☐	☐
THURSDAY	☐	☐
FRIDAY	☐	☐

EFFECTIVE FROM _____ (Date)

SIGNED _____ Parent/Guardian

SIGNED _____ Staff Member

Please Note
You will be billed if your child does not attend unless a Doctor's Certificate is produced or 24 hours notice is given.

PRINT **RESET**