

ADSS

STUDENT WITHDRAWAL FORM

_____	_____	
Last Name	Given Names	
_____	_____	
Grade	Birthdate: [Year/Month/Day]	_____
	Student Number	

Date of Withdrawal _____	
Reason for Withdrawal	
<input type="checkbox"/> Non Attendance	<input type="checkbox"/> Failing current semester
<input type="checkbox"/> Going to VAST	<input type="checkbox"/> Returning next semester
<input type="checkbox"/> Moving to new district	<input type="checkbox"/> Correspondence
<input type="checkbox"/> Moving out of province	
Name of School _____	
Address of School _____	

REQUIRED SIGNATURES: _____	
Student	_____
Parent: _____	or <input type="checkbox"/> Home Contacted
English Teacher [text return] _____	
Librarian _____	Admin _____
Counselor _____	<input type="checkbox"/> Textbooks returned _____
	(Mrs. Bell)

OFFICE USE ONLY:		
<input type="checkbox"/> Computer Entry	<input type="checkbox"/> Student Records	<input type="checkbox"/> Bulletin