



# Josette Dandurand Elementary School

Principal: [Mr. S. Oliver](#) Vice Principal [Mrs. D. Reid](#) Admin Ass't: [Ms. C. Davies](#)

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## WITHDRAWAL FORM - Please return this form to the office.

### Student(s) Name

#1 - Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Div: \_\_\_\_\_ Did student return all library books? \_\_\_\_ Yes \_\_\_\_ No

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#2 - Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Div: \_\_\_\_\_ Did student return all library books? \_\_\_\_ Yes \_\_\_\_ No

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#3 - Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Div: \_\_\_\_\_ Did student return all library books? \_\_\_\_ Yes \_\_\_\_ No

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**Last Day of School at Josette Dandurand Elementary:** \_\_\_\_\_

School Transferring to: \_\_\_\_\_

### **Withdraw Reason Check all that apply**

<input type="checkbox"/>	To Public School	<input type="checkbox"/>	To Independent School
<input type="checkbox"/>	To Home School	<input type="checkbox"/>	To Distance Learning School
<input type="checkbox"/>	In District	<input type="checkbox"/>	Out of District
<input type="checkbox"/>	Out of Province	<input type="checkbox"/>	Out of Country

### Forwarding Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Date