



Langley Meadows Community School

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

#2 - Last Name _____ First Name: _____

Grade: _____ Div: _____ Did student return all library books? ____ Yes ____ No

#3 - Last Name _____ First Name: _____

Grade: _____ Div: _____ Did student return all library books? ____ Yes ____ No

Last Day of School at Langley Meadows: _____

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