



Richard Bulpitt Elementary School

Principal: [Mr. S. Oliver](#)

Vice Principal: [Ms. J. Espin](#)

Admin Ass't: [Ms. C. Davies](#)

WITHDRAWAL FORM - Please return this form to the office.

Student(s) Information

#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 Richard Bulpitt 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 (please print)

Relationship to Student(s)

Are you a legal guardian of student(s) listed above _____

Parent or Guardian Signature

Date