



Collaboration Cooperation Communication Community

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 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 _____

Date _____