

EDWARD MILNE COMMUNITY SCHOOL

Box 1010, 6218 Sooke Road
Ph: (250) 642-5211 Fax: (250) 642-7866

STUDENT NAME: _____ HR# _____ COMP# _____

DATE OF WITHDRAWAL: _____ TRANSFER / REASON: _____

PARENT CONTACTED: _____ BY _____ STUDENT INITIAL: _____

All students withdrawing from school must check with their teachers, the library and the office BEFORE TRANSFER OR LEAVING. Student must present a COPY OF THIS FORM to the counsellor when registering at new school.

(Teachers note: If student is NOT transferring to another school, omit columns 2 & 3)

SUBJECT / GR LEVEL	CONTENT COVERED SO FAR	PROJECTED TERM GRADE	TEXTBOOK RETURNED	TEACHER INITIAL

LIBRARY CHARGES \$ _____ INITIAL OF LIBRARIAN _____

ACCOUNT BALANCE \$ _____ INITIAL OF MRS.GANTZERT _____

LOCKER CLEANED OUT: YES _____ NO _____ INITIAL OF MRS. HAVERTY _____

ADMINISTRATOR OF COUNSELLOR NOTIFIED _____ INITIAL _____

MISS BELL NOTIFIED OF WITHDRAWAL _____ INITIAL OF MISS BELL _____