



ADSS STUDENT WITHDRAWAL

4000 Roger St.
Port Alberni, BC V9Y 0B1
Phone: (250) 724-3284 ext. 5
Fax: (250) 723-4073
dwagar@sd70.bc.ca

Last Name

First Name

Middle Name

Grade

Birthdate (YY/MM/DD)

PEN Number (Office Use)

Date of Withdrawal Request: _____

Reason for Withdrawal: _____

Hold Withdrawal Until: _____

Moving out of District

Moving out of Province

SD70 Eighth Avenue Learning Centre

SD70 Choices - Online

Other

NAME OF NEXT SCHOOL OF REGISTRATION: _____

REQUIRED SIGNATURES:

Student: _____

Parent: _____

Admin: _____

Counsellor: _____

IST: _____

**** ALL ADSS RESOURCES MUST BE RETURNED WITH WITHDRAWAL FORMS ****

TEXTBOOKS, LIBRARY BOOKS, BAND EQUIPMENT, etc.

FOR OUTSTANDING RESOURCES - PAYMENT CAN BE MADE WITH CASH OR ETRANSFER TO
adsspayers@sd70.bc.ca

REFERENCING YOUR NAME AND WHAT YOU ARE PAYING FOR



Alberni District Secondary School

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CONSENT FOR RELEASE OF INFORMATION

Name of Student: _____

PEN: _____

Birthdate (mm/dd/yy): _____

I, _____, hereby authorize Alberni District Secondary School, located at 4000 Roger Street, Port Alberni, to release all confidential information and / or student files for the purposes of education planning to:

_____ (name of *next* school of registration or school district)

Student's Address: _____

Student's Telephone: _____

Parent/Guardian Name (print)

Signature (parent/guardian)

Date