



ADSS STUDENT WITHDRAWAL FORM

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 School: _____

****Payment due upon pickup or etransfer to adsspayers@sd70.bc.ca & must be received before processing.**

REQUIRED SIGNATURES:

Student: _____

Parent: _____

Admin: _____

Counsellor: _____

IST: _____

Comments: _____

OFFICE USE ONLY

 MYEDBC Marks Non-Attendance Textbooks Locker 1701 Designation Library Books Email Teachers

Please email documents to: dwagar@sd70.bc.ca



Alberni District Secondary School

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

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