



ADSS STUDENT WITHDRAWAL FORM

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Grade	Birthdate (Year/Month/Day)	PEN Number

Date of Withdrawal Request: _____

Reason for Withdrawal: _____ **Hold Withdrawal Until:** _____

Moving to new District Moving out of Province

SD70 Eighth Avenue Learning Centre SD70 Choices – Online

Other

Name of School: _____

REQUIRED SIGNATURES:

Student: _____ Parent: _____

Admin: _____ Counsellor: _____

IST: _____

Comments: _____

Outstanding Fees: \$ _____ Returned Paid \$ _____

OFFICE USE ONLY:

MYEDBC Marks Non-Attendance

Textbooks Locker 1701 Designation

Library Books Student Fees

Please email documents to: emcleod@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
emcleod@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 new school of registration or school district)

Student's Address: _____

Student's Telephone: _____

Parent/Guardian Name (print)

Signature (parent/guardian)

Date