

BEND - LAPINE PUBLIC SCHOOLS SECONDARY WITHDRAWAL FORM

Name _____ Date _____ Grade _____ W/D Code _____

Student ID# _____ D.O.B. _____ Original Entry Date _____

SUBJECT	TEACHER	W/D GRADE	TEACHER INITIAL	AMOUNT DUE FROM STUDENT
Guide Group		N/A		N/A
1				
2				
3				
4				
5				
6				
7				
8				

Parent/Guardian _____
 Counselor _____
 credits _____
 Attendance Office _____
 Athletic Office _____
 Cafeteria _____
 Main Office/
 Bookkeeper _____
 Portfolio _____

This student is authorized to leave school

 School Official
 School withdrawing from:

 Student is transferring to:

 School

 City State Zip