



Please complete this form and return it in person or by email to office@woodland.on.ca

NOTICE OF WITHDRAWAL FROM SCHOOL

PARENT OR LEGAL GUARDIAN: (please print)

Name: _____

Address: _____

Contact Info: phone _____ email _____

INFORMATION CHILD(REN) WITHDRAWING:

Name: _____ Date of Birth: _____

Grade: _____ OEN: _____ *Can be found on the top of your report card.*

Name: _____ Date of Birth: _____

Grade: _____ OEN: _____

NOTIFICATION OF WITHDRAWAL FROM WOODLAND CHRISTIAN HIGH SCHOOL:

I elect to withdraw my child from the Woodland Christian High School, effective date: _____

MY CHILD WILL BE ENROLLED IN: (Please check appropriate blank):

- 01 Transfer within district
- 02 Public School in Ontario
- 03 Public School in a different province
- 04 Catholic School in Ontario
- 05 Catholic School in a different province
- 06 Independent Christian School in Ontario
- 07 Independent School in another province
- 08 School outside of the Canada
- 09 Transfer to a Hospital or other Institution
- 10 Home Schooling
- 11 Post-Secondary Education prior to graduation

IF MOVING:

Date of Move: _____

New Address: _____

New Contact Information: phone/cell _____ email _____

Name/Address of Public or Independent School, Program or Institution to receive records: (please print)

- As a part of this process, I understand that all textbooks and other educational materials lent to the student must be returned upon withdrawal. I understand that I am responsible for the cost of textbooks and other educational materials that are not returned, and that the school may act and bill for any loss of property.
- As part of this process, I understand that all financial obligations will be settled and resolved with the school by the date of withdrawal.

If you have any questions about this process, please contact your child's school guidance counselor or admissions professional.

Reasons for Withdrawal:

I am willing to participate in a school exit survey: <https://www.surveymonkey.com/r/YR7ZV37>

Signature of Parent or Guardian: _____ Date: _____

Either sign and scan, reprint/type your legal name or use an electronic signature.

School Official: (Principal, Guidance Director or Designee)

Print Name: _____

Signature: _____ Date: _____

Office Use Only

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