



ADSS STUDENT WITHDRAWAL

4000 Roger St., Port Alberni, BC V9Y 0B1

Phone: (250) 724-3284 ext. 5 - Fax: (250) 723-4073

adssadvising@sd70.bc.ca

LAST NAME

FIRST NAME

MIDDLE NAME

GRADE

DOB (YY/MM/DD)

PEN NUMBER
(OFFICE USE)

WITHDRAWAL REQUEST DATE: _____

HOLD WITHDRAWAL UNTIL: _____

MOVING OUT OF DISTRICT

MOVING OUT OF PROVINCE

SD70 EIGHTH AVE. LEARNING CENTRE

SD70 CHOICES – ONLINE

OTHER

NAME OF NEXT SCHOOL OF REGISTRATION: _____

REQUIRED SIGNATURES

GUARDIAN: _____

ADVISOR: _____

ADMIN: _____

IST: _____

****ALL ADSS RESOURCES MUST BE RETURNED WITH WITHDRAWAL FORMS****
TEXTBOOKS, LIBRARY BOOKS, BAND EQUIPMENT, ETC.

FOR OUTSTANDING RESOURCES – PAYMENTS CAN BE MADE BY CASH OR E-TRANSFER

adsspayers@sd70.bc.ca

REFERENCING YOUR NAME AND WHAT YOU ARE PAYING FOR



ADSS RELEASE OF INFORMATION

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CONSENT FOR THE RELEASE OF INFORMATION

NAME OF STUDENT: _____

PEN: _____
(OFFICE USE)

DATE OF BIRTH: _____

I, _____, (Legal Guardian) hereby authorize Alberni District Secondary School, located at 4000 Roger Street, Port Alberni to release all confidential information and/or student files for the purpose of educational planning to:

(NAME OF *NEXT* SCHOOL OF REGISTRATION)

PARENT/ GUARDIAN NAME (PRINT)

SIGNATURE OF PARENT/ GUARDIAN

DATE