BANKS HIGH SCHOOL
450 S MAIN ST
BANKS OR 97106
Phone (503) 324-2281
Fax (503) 324-8221

STUDENT WITHDRAWAL - TRANSFER FORM

Student's Name _____ Grade _____ Student ID# _____ W/D Code _____

Reason for Leaving _____ If Transferring Schools - New School Name _____ Date Withdrew _____

Parent/Guardian Signature _____

SUBJECT TEACHER NAME	WD GRADE GIVE %	TEACHER SIGNATURE	TEXTBOOK/SCHOOL PROPERTY NOT RETURNED/DAMAGED	AMOUNT OF FINE
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
LIBRARY MATERIALS				
ATHLETIC EQUIPMENT IF PARTICIPATING IN A SPORT				

POSTED _____ **RETURN TO OFFICE** **AMOUNT DUE**_____

REVISED 4/09/20009