



WITHDRAWAL SLIP

Lind-Ritzville High School
209 E. Wellsandt Avenue
Ritzville, WA 99169
(509) 659-1720



STUDENT'S NAME _____ DATE OF WITHDRAWAL _____

DATE OF BIRTH _____ GRADE _____

SUBJECT	WITHDRAWAL GRADE	BOOKS RETURNED	BOOKS DUE/BOOK #/ COST TO REPLACE	OTHER DUES/FINES	TEACHER'S SIGNATURE

LUNCH ACCOUNT BALANCE: PAID Y/N: _____ LOCKER # _____ CLEANED Y/N: ADVISOR'S SIGNATURE: _____

CHROMEBOOK AND CHARGER #: _____ TURNED IN Y/N; DAMAGE Y/N: DISRIPTION OF DAMAGE: _____

ATHLETICS (COACHES): FALL _____ WINTER: _____ SPRING: _____

LIBRARIAN SIGNATURE: _____ OFFICE SIGNATURE: _____

**** Student records and official transcripts will NOT be sent until ALL dues/fines are paid, all books are returned or paid for, and this form is returned to the office.**