



# Sacred Heart School

114 Trojan Lane  
Ville Platte, Louisiana 70586  
High School Phone: (337) 363-1475 Fax: (337) 363-0348

## STUDENT EXIT REQUEST

NAME \_\_\_\_\_

GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ETHNICITY \_\_\_\_\_ GENDER \_\_\_\_\_

\_\_\_\_\_

SS# \_\_\_\_\_

D.O.B \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

PARENTS'/GUARDIANS' PHONE NUMBER \_\_\_\_\_

HOMEROOM TEACHER \_\_\_\_\_

STUDENT RECORDS TRANSFERRED TO/FROM:

\_\_\_\_\_

School

\_\_\_\_\_

School Address

\_\_\_\_\_

City, State, Zip Code

DATE OF WITHDRAWAL \_\_\_\_\_

REASON FOR WITHDRAWAL: (Please provide detailed explanation.)

\_\_\_\_\_  
\_\_\_\_\_

LIBRARY/TEXTBOOKS RETURNED \_\_\_\_\_ YES \_\_\_\_\_ NO

SCHOOL FEES PAID \_\_\_\_\_ YES \_\_\_\_\_ NO AMOUNT OWED \_\_\_\_\_

LUNCH FEES PAID \_\_\_\_\_ YES \_\_\_\_\_ NO AMOUNT OWED \_\_\_\_\_

\_\_\_\_\_

Parent's/Guardian's Signature

\_\_\_\_\_

Principal's Signature