



# Sacred Heart School

161 Bourgeois St.

Ville Platte, Louisiana 70586

Elementary School Phone: (337) 363-3445 Fax: (337) 363-3551

Website: www.shsvp.com

## STUDENT EXIT REQUEST

NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

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

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

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

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

STUDENT RECORDS TRANSFERRED TO:

\_\_\_\_\_ School

\_\_\_\_\_ School Address

\_\_\_\_\_ City, State, Zip Code

\_\_\_\_\_ Phone Number/Fax Number

By signing this form, I hereby give permission to Sacred Heart School to release my child's records to the school indicated.

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

REASON FOR WITHDRAWAL: (Please provide detailed explanation.)

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

LIBRARY BOOK RETURNED \_\_\_\_\_ YES \_\_\_\_\_ NO

TEXTBOOKS RETURNED \_\_\_\_\_ YES \_\_\_\_\_ NO

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

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

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

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date