

### Sign Out Form

Leaving Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Last Name:: \_\_\_\_\_

First Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

In State: \_\_\_\_\_

Out of State: \_\_\_\_\_

Out of Country \_\_\_\_\_

Private School: \_\_\_\_\_

Public School: \_\_\_\_\_

New Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Course

Signature

Books Returned

Teacher

| Course<br>Signature | Books Returned | Teacher |
|---------------------|----------------|---------|
|                     |                |         |
|                     |                |         |
|                     |                |         |
|                     |                |         |
|                     |                |         |
|                     |                |         |

Sports Equipment \_\_\_\_\_

Library Books \_\_\_\_\_

Transcript Sent: \_\_\_\_\_

Medical: \_\_\_\_\_

CC \_\_\_\_\_