

WITHDRAWAL FORM

NESTUCCA JR/SR HIGH SCHOOL

P.O. Box 38

34660 Parkway Drive

Cloverdale, OR 97112

(503) 392-3194

Fax (503) 392-3724

STUDENT ADRIANNA MISTEL GRADE 9 DATE 11-30-15

THIS SLIP MUST BE RETURNED TO THE OFFICE BEFORE YOU LEAVE THE BUILDING.
Please clear the student with your class. Be sure textbooks and equipment are checked in, if not, please indicate below what is owed.

SUBJECT	TEACHER	ABSENCES	GRADE	TEACHER INITIAL	COST OF MISSING BOOKS OR EQUIPMENT/MATERIALS
Algebra I	Richwine		A	RL	\$
Lit for Today	Sanders		A	RS	\$
World Geog	Foster		F	RS	\$
Health	Pietker-Schut		A	KS	=
English 9	Seven		C	KS	\$
Env. Science	Whitehead		A	RP	=
Creative Art	Lawton		A	ME	\$

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