



DEPARTURE FORM

Name: _____ OEN _____
Last First Middle Initial

Age: _____ Birthdate: ____/____/____ Grade: _____
MM DD YYYY

Parent's/Guardian's Name _____

Address: _____

City Province Postal Code

School Name: _____ Date: _____

Departure Date: _____

Destination to: _____

Destination Type: Public Secondary School Separate Secondary Employment
 Post-Secondary Other _____

Period	Course Code	Text and Material Returned ✓	Current Mark	Teacher
1				
2				
3				
4				

Library Books Returned: _____

Student Signature: _____

Parental Contact: _____ Guidance Counsellor: _____

Principal/Vice Principal Signature: _____

OSSLT _____ Community Involvement Hours _____ Total Credits _____

Please Attach: Current Timetable Attendance Record

Office Use: AEP _____ Text O/S _____ Mark Request _____ Other _____