



# South River Elementary School

Christian J. Valentin-Gladden, Principal



## EXIT FORM

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher \_\_\_\_\_ Last Day in District \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Current Address \_\_\_\_\_

Forwarding Address \_\_\_\_\_

School that the student is transferring to:

Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ District \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Check here if requesting Home School/Parental Instruction (a formal letter from a Parent or Guardian must accompany this form.)

Medication Returned (If Applicable) \_\_\_\_\_

CC: Mrs. Lauren Wines, RN

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**South River Elementary School**

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*"Diverse Minds, One Mission"*