



**Illesheim Elementary School
 CMR 416 BOX J
 APO AE 09140**

STRIVING TO LEARN, LEARNING TO CARE WITH PRIDE

Note for parents: Submitting this form assists the school in preparation of grades and other vital information for your child's records. Please assist us by submitting this at least 1 week prior to your child's last day of attendance.

Student/s Name: _____ Grade/s: _____

Reason for Withdrawal (PCS, etc.): _____

Location of Next School (City, State is sufficient): _____

Last Day of Attendance: _____

Records must be picked up no sooner than last day of Attendance (after 14:15).

Remarks: _____

A forwarding address must be provided in the event we have any additional information that needs to be forwarded to you:

Signature: _____ Date: _____

Signature of person receiving records: _____ Date: _____