

WITHDRAWAL/TRANSFER FORM

GUAM ADVENTIST ACADEMY

1220 Aguilar Road, Talofofu, GU 96930

Phone (671)789-1515 Fax (671) 789-3547

Administrators or registrars of recognized public or private schools may obtain the student's original records by writing to the above address.

Student Name _____ Date of Birth _____ Grade _____ Age _____

Withdrawal Date _____ Reason for Withdraw/Transfer _____

Transferring to _____

Parent's Name _____

Parent's Address on Guam _____

New Address if Moving _____

The following subjects and grades reflect teacher evaluation of the work done between the dates of _____ and _____. This is a total of _____ school days.

PERIOD	SUBJECT/CLASS	GRADE EARNED	BOOK(S) RETURNED	TEACHER SIGNATURE
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	

Locker cleaned out and lock returned: _____ P.E. _____ Hall _____

Signed by: _____

Library books checked in: Yes _____ No _____ Fines Paid: Yes _____ No _____

Signed by: _____

Instrument returned: Yes _____ No _____ Music turned in: Yes _____ No _____

Signed by: _____

Account paid: Yes _____ No _____

Signed by: _____

Date Parent's Signature

Date Principal's Signature