SPANISH FORK HIGH SCHOOL CHECK-OUT SHEET

HOME OF THE MIGHTY DONS – "HERE WE LEARN FOR LIFE"
99 NORTH 300 WEST, SPANISH FORK, UT 84660

Student:	Student #:	Grade:	Sex:
Parent/Guardian:		Date:	
Home Address:		Phone #:	
School Transferring To:		Date Enrolled:	
Student's New Address:			

The responsibility for completing withdrawal procedure is solely that of the student. The student's official transcript will be forwarded to the enrolling school upon request.* ***Complete this form properly by checking with the following offices and teachers in the order listed below.***

STEP 1: TEACHER'S SIGNATURES AND WITHDRAWAL GRADES

A	*Course*	*Teacher*	*Rm #*	*Exit Grade*	*Book Returned*				*Teacher's Signature*
					Yes/No	*Bk #*	*Cost*	*No Bk*	
1									
2									
3									
4									

B	*Course*	*Teacher*	*Rm #*	*Exit Grade*	*Book Returned*				*Teacher's Signature*
					Yes/No	*Bk #*	*Cost*	*No Bk*	
1									
2									
3									
4									

STEP 2: LIBRARY BOOKS - Returned ☐ Yes ☐ No Signature: _____
If No – Book Title(s) _____
_____ Amount Due: $_____

STEP 3: LUNCH CLERK – Fees paid ☐ Yes ☐ No If No, Amount Due School: $_____
Lunch Clerk's Signature: _____

STEP 4: FRONT OFFICE - ☐ Locker #: _____ emptied/closed ☐ Yes No Signature: _____

STEP 5: FINANCE OFFICE – Fees paid ☐ Yes ☐ No ☐ Student Activity Card Returned ☐ Parking Pass Returned
Refund Due Student $_____ **OR** Amount Due School $ _____ Finance Secretary _____

STEP 6: ASSISTANT PRINCIPAL'S OFFICE - Signature: _____ Date: _____

STEP 7: COUNSELING OFFICE – Return this completed form to the Counseling Office
Copies sent with student/parent: ☐ Immun. ☐ B/C ☐ Unofficial Trans. ☐ Ck-Out Sheet Registrar's Initial: _____

Parent Signature: _____ Student Signature: _____

***NEW SCHOOL: Please mail or fax a Request for Records to Spanish Fork High School – Counseling Center to receive student's official transcript. Phone #801-798-4067/Fax #801-798-0483**