

RETURN TO GUIDANCE COUNSELOR

To be completed for each student who leaves the district.

School _____ Today's Date _____

Student's Name _____ Grade/HR _____

Last day student will be attending school _____

Parent's Names _____

Current Address _____

Current Telephone Number _____

New Address _____

New Telephone Number _____

New School _____

Address of new school _____

Telephone number of new school _____

Reason for leaving Princeton Public Schools:

Parent/Guardian Signature _____ Date _____