Wahoo High School Check-Out Sheet 2201 N. Locust Wahoo, NE 68066 402-443-4332 Fax: 443-4731

INSTRUCTIONS:	c	WITHDRAWAL DATE:				
 Have all teachers sign this Obtain all other clearance Pay fines Clean out Locker & Return Return this form to the high 	signatures. m School proj	perty	WITHDR	AWAL REASON:		
Please Print: Student Name:	-		Grade Level:			
Parent Name:						
Address: Apt. #/Stree						
Apt. #/Stree	et		City Sta	Ĩ		
Birth Date SSN or other ID # Leave blank unless requested by a School Official					ñcial	
CLASS	Fines	Books/Materials Turned In?	In-Progress Grade & Percentage	Staff/Teacher Signature	Comment	
Period 1						
Period 2						
Period 3						
Period 4						
Period 5						
Period 6						
Period 7						
Period 8						
Library Record Clear Y	Yes No Media Dir/Library Aide					
Student Records/Request Clear Y	es No N/	A Counse	lor/Office Staff			
AthleticEquip/Uniforms Clear Y	es No N/	A AD				
Lunch Record Clear Y	es No	Office S	Office Staff			
Student Locker Clear Y	es No	HmRm	Teacher			
Other:						

Return the completed form to the HS Office for the Administrator to sign before leaving

Administrator Signature: