



St. Patrick's Catholic High School

1001 The Rapids Parkway, Sarnia, ON N7S 6K2

Telephone: 519-332-3976

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St. Clair Catholic
District School Board

Ms. D. Mancusi, Principal

Mr. R. Hare, Vice-Principal

Ms. M. Salisbury, Vice Principal

Ms. J. Matthews, Vice-Principal

School Withdrawal Form

Student's Legal Surname: _____

OEN: _____

Grade: _____

Student's Legal First Name: _____

☐ E-learning Student

Effective Date (mm/dd/yyyy): **JUN 25 2026**
(must be the day immediately following the last day of attendance)

Transfer or Retirement Type

- | | | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="radio"/> To School Within Board | <input type="radio"/> To Home Schooling in Ontario | <input type="radio"/> To Federally Funded School in Ontario |
| <input type="radio"/> To Publicly Funded School in Ontario
<i>Note: Should be used for E-learning students</i> | <input type="radio"/> Deceased | <input type="radio"/> To other education/training/
institution in Ontario |
| <input checked="" type="radio"/> Received OSSD | <input type="radio"/> Destination Unknown | <input type="radio"/> Retired. Not attending any school |
| <input type="radio"/> Received OSSC | <input type="radio"/> Moved outside of Ontario
Specify: _____ | <input type="checkbox"/> 15 Consecutive Days Absent |
| <input type="radio"/> Received COA | | |
| <input type="radio"/> To Private School in Ontario | | |

Transfer Within Board

Demit to School: _____

Transfer Outside Board, within Ontario

New School: _____

New School BSID #: _____

New School Address: _____

New Board: _____

The Ontario Student Record will be forwarded to the new school upon receipt of an official request. This student has been provided with a copy of his or her latest report card and Ontario Student Transcript, if applicable.



Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Principal Signature: _____

Date: _____

For Office Use Only:

Aspen Demit Date (mm/dd/yyyy): _____ Entered by: _____