

Date:

To:

Attn:

The following student(s) has/have registered at

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student(s) :**  | **Date of Birth :** | **Grade:**  | **PEN** |
|  |  |  |  |

**Please withdraw them from MyEducation BC if you are a MyEducation BC school.**

Please forward:

* his/her student file,
* permanent record card,
* any other pertinent information regarding the student(s).
* **Special Education File**

If the records are not available, please note on this request and return by fax. Thank you. Kindly inform us if this student has a **Special Education** category.

Thank you,