

# Kadena Middle School

## Student Clearance Sheet



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Last Day of Class: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

**Instructions:** By placing my initials below I certify that the above named student has paid all outstanding school debts, turned in all books and other school property.

Block	Course	Room #	Teacher	Grade to Date						Book Returned	Teacher Initials
				Qtr	Qtr	Sem.	Qtr	Qtr	Sem.		
A1											
A2											
A3											
A4											
B5											
B6											
B7											
SEM	1) Clear Locker										

2) Remove your lock

Other Clearances	Authorizing Initials	Comments
CSC/IEP		
Gifted Program		
Gymnasium		
Health Record		
Information Center		
Locker #		
Musical Instrument		
Cafeteria		

Signature \_\_\_\_\_

Registrar

Date

## Kadena Middle School

Unit 5166 - APO AP 96386-5166

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