

ARCHDIOCESE OF GALVESTON-HOUSTON

EXIT INTERVIEW

Date: \_\_\_\_\_

School: \_\_\_\_\_

Principal: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

School the student is transferring to:  
\_\_\_\_\_

Location: \_\_\_\_\_

Reasons for Transferring:

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

AKP