



Student Withdrawal Form

***All student records will be sent to the new school upon verification of registration enrollment.**

Student(s) Name: _____ **Grade:** _____

_____ **Grade:** _____

_____ **Grade:** _____

Reason for Withdrawal:

Send records to:

School Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

I am the legal parent/guardian:

Parent Name (Print) _____

Parent Signature: _____ **Date:** _____

For Office Use Only

Date Received _____ **Initials** _____ **Date Completed** _____ **Initials** _____