

**STUDENT WITHDRAWAL FORM****BUILDING** _____

STUDENT NAME: _____ STUDENT ID# _____

DATE OF BIRTH: _____ GRADE: _____ LOCKER #: _____

REASON FOR WITHDRAWAL: _____

NEW DISTRICT STUDENT WILL ATTEND: _____

NEW SCHOOL NAME/ADDRESS (IF KNOWN): _____

PUBLIC SCHOOL PRIVATE SCHOOL COMMUNITY SCHOOL HOME SCHOOL OUT OF STATE ONLINE ACADEMY

STUDENT'S NEW CONTACT INFO: (Address, Phone, email and parent name) **PLEASE PRINT**_____
_____**SIGNATURE/ NAME OF PARENT/GUARDIAN:** _____**For Office Use**

ADMISSION DATE: _____ WITHDRAWAL DATE: _____

FEES/LUNCH CHARGES OWED \$ _____

DAYS ABSENT THIS TERM: _____ DAYS TARDY THIS TERM: _____

Subject	Teacher	Signature	1Q	2Q	EX	FN	3Q	4Q	EX	FN	Books/Device Returned Y/N
LIBRARY											

Counselor Signature_____
Principal Signature