

**WITHDRAWAL FORM**

**Student Full Name:** \_\_\_\_\_

**ID#** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Adviser** \_\_\_\_\_

**Last Day of Student Attendance (Withdrawal Date):** \_\_\_\_\_

<i>Reasons for Withdrawal (check all that apply)</i>		<i>Please Specify School name and address</i>
<input type="checkbox"/>	Transfer to public school	
<input type="checkbox"/>	Transfer to private school	
<input type="checkbox"/>	Transfer out of State	
<input type="checkbox"/>	Transfer out of the Country	
<input type="checkbox"/>	Other (includes NT exchange students)	
	<b>Registrar Contact name (for records)</b>	
	<b>Admin/Registrar email (to send records)</b>	

**Parent/ Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Adviser Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Exit Grades (Office use)

Subject	Teacher	Exit Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Office Use:</b> IEP/504 _____	Health records _____	Transcript Parchment _____	Records _____
Schedule _____	Set up _____	Processed date: _____	Complete _____