



Withdrawal form

Date Effective: _____

*Use last day of school year, if student not returning for following year

Student Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Student's Home district: _____

Name of District Student will be attending: _____

(if different from home district)

Reason for withdrawal:

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

Date received: _____

Received by: _____