



Withdraw Form

Date: _____ Reason for Withdrawal: _____

Student Name: _____ Student ID: _____

Current Address: _____ City _____ State _____ Zip _____

New Address: _____ City _____ State _____ Zip _____

Date of Birth: ____ / ____ / ____ School: _____ Grade: _____

Date Entered: _____ New School: _____

Chromebook Returned: _____

Total Fees Owed: _____

Description/Comments:

Official Date of Withdrawal/Transfer: _____

Parent or Student Signature: _____

Principal or Counselor Signature: _____

Send Copies to: Cum Folder
Transportation
Special Education Department
EMIS Coordinator