



WITHDRAWAL FORM

Student Name: _____

Grade: _____ Date of Birth: _____ Last Date of Attendance: _____

Parent Contact Information: _____

Name of the New School: _____

New School Address: _____

City/State/Zip Code: _____

Please indicate reason for withdrawal:

Grade promotion - high school Attending private school

Returning to district public school Moving out of state

Attending other charter/virtual school Homeschooling

Other: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Use Only

Office Use Only *please check when complete*

Withdrawal Form completed and signed Withdrawal from SIS

Cafeteria Closed out School Supplies returned

Medical Room Informed Technology Informed