



Date of Withdrawal: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Reason for Withdrawal:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Did Student return all school property? \_\_\_ Yes \_\_\_ No

Lunch Balance \_\_\_\_\_ Paid? \_\_\_ Yes \_\_\_ No

Office Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_