

# STUDENT WITHDRAWAL FORM



**Please Note: ONLY the enrolling Parent(s)/Guardian(s) may withdraw a student from school.**

## PLEASE PRINT

Today's Date:	<b>(IICHS Use ONLY):</b> Drop Date: _____ DOCS: _____ PS: _____ IC: _____
Student's Full Name:	Current Grade:

Street Address:	Apt. #:
City:	State: Zip:
Home Phone #:	Cell #:
E-Mail Address:	

Outstanding School Materials Returned: YES _____ NO _____	
Chromebook Returned: YES _____ NO _____	
Destination School:	Effective Date of Withdrawal:
Student Documents: To Be Picked-Up By Parent _____ To Be Forwarded to New School: _____	

## REASON FOR WITHDRAWAL

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## VERIFICATION

Parent/Guardian Name (Please Print):	Parent/Guardian Signature:
Date:	