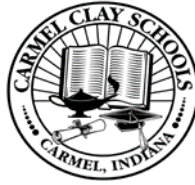


STUDENT WITHDRAWAL FORM



**CARMEL CLAY SCHOOLS
5201 EAST MAIN STREET
CARMEL, IN 46033
(317) 844-9961**

STUDENT'S FULL NAME _____

SCHOOL STUDENT IS CURRENTLY ATTENDING _____

GRADE _____ TEACHER'S NAME _____

CURRENT ADDRESS _____

PARENT'S PHONE NUMBER _____

PARENT'S EMAIL ADDRESS _____

NEW MAILING ADDRESS _____

LAST DAY ATTENDING CARMEL CLAY SCHOOLS: Month _____ Day _____ Year _____

NAME AND ADDRESS OF NEW SCHOOL _____

PHONE NUMBER OF NEW SCHOOL _____

FAX NUMBER OF NEW SCHOOL _____

***Please note all school property in your child's possession must be returned prior to his/her last day at school.**

FOR OFFICE USE ONLY: Student ID# _____

Staff notified _____

Cumulative file pulled _____

Withdrawn from PowerSchool _____

Health file pulled _____

Textbook rental refund _____

Records sent to new school _____ Date _____

CCS Staff Member's Name _____