

STUDENT WITHDRAWAL FORM

Student Name: _____ Grade: ____ Withdrawal Request Date: _____

Date of Birth: _____ Student ID # _____

Parent / Legal Guardian: _____

Current Address: _____

New Address (for future correspondence): _____

Contact Phone Number: _____ (cell) _____ (work) _____ (home)

I am withdrawing my son/daughter from Richmond Public Schools for the following reason(s):

**Please mark appropriate box and fill in information pertaining to reason, i.e. name and address of school or reasons*

<input type="checkbox"/>	Moving Out of District:
<input type="checkbox"/>	Transferring Within District:
<input type="checkbox"/>	Transferring To Private School:
<input type="checkbox"/>	Other:

NOTE: Student will remain on school roster until enrolled and attending new school

Parent / Legal Guardian Signature

*****Official records will be forwarded to receiving school upon receipt of official records request *****

Space Intentionally Left Blank

Teachers: Please complete the following information.

	Subject	Grade to Date	Books Returned	Teacher's Name (Please Print)	Teacher's Signature
1					
2					
3					
4					
5					
6					
7					
8					

<i>Library books returned?</i>		Media Specialist Signature:
<i>Immunizations complete?</i>		Nurse Signature:
<i>Attendance update?</i>		Attendance Personnel Signature:

School Counselor Signature

Administrator Signature

FOR RPS OFFICIAL USE ONLY	Date Transfer Request Received	Requesting School:	Contact Number:
Processed by (RPS employee signature required)	Student's Official Withdrawal Date	Withdrawal Code:	Date Records Sent: