

CHARLES COUNTY PUBLIC SCHOOLS
5980 RADIO STATION ROAD
LA PLATA, MARYLAND 20646

REQUEST FOR WITHDRAWAL FROM SCHOOL

It is requested that _____
(NAME OF STUDENT)

be withdrawn from _____ on _____
(NAME OF SCHOOL) (DATE)

for the following reason: *(Fill in appropriate blank)*

**TRANSFER TO
ANOTHER SCHOOL**

NAME OF SCHOOL

ADDRESS OF SCHOOL

NEW ADDRESS OF PARENT

**PERMANENT
WITHDRAWAL**

REASON

SIGNATURE OF PARENT

DATE