

STUDENT WITHDRAWAL FORM



CLAY MIDDLE SCHOOL
5150 E. 126th St.
Carmel, In 46033
Phone: 317-844-7251
Fax: 317-571-4020

Student Name(s): _____ Grade(s): _____

Last day of attendance: _____

Parent Name(s): _____

Email: _____

New mailing address: _____

*Required for forwarding of assessment results, school pictures, textbook rental refunds, etc.

Effective date of new address: _____

New school where student will enroll: _____

School Name

School Address

City State Zip

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

Parent Signature: _____

Return completed form to hbakerba@ccs.k12.in.us

FOR OFFICE USE ONLY:

staff notified: