WESTLAKE HIGH SCHOOL
27830 Hilliard Blvd., Westlake, Ohio 44145
(440) 835-6375   FAX: (440) 835-5572

YOG: ________
Last Day of Attendance: ________

Student's Name: ____ Student's District ID: ________

Withdrawal Date: ______________ Withdrawal Code: ________ Grade: ________ DOB: ________
Parent/Guardian Name: ____

NEW Address: ____
NEW School & Address: ____

____

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IRN: ________
WITHDRAWAL INSTRUCTIONS:
1. Check out with teachers for each period. (Also, library, main office, counselor and Asst. Principal.)
2. All textbooks should be returned to the individual teachers.
3. Return this form to the Guidance Office on the day you withdraw from school.
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Period	Course Title	Current Quarter Grade Average	Textbook(s) Returned?		Teacher's Signature
			Yes	No	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

ATHLETIC DEPARTMENT (if enrolled in sports):____
MAIN OFFICE
Library: Name of Lost/Damaged Library Materials: ____
Restitution Due: $______________ Media Specialist's Signature: ______________________________
$______________ Principal's Signature: ____________________________________
Secretary's Signature: ____________________________________
Assistant Principal's Signature: ______________________________
Asst. Assoc. Superintendent's Signature:_________________________
Counselor's Signature:____
RELEASE REQUEST: I authorize the release of school records including: Academic Records, Test Scores, College Credit Plus scores, and Health Records by Westlake High School to any high school that requests this specific information.
It is my intent to enroll in an adult basic education course (GED) if not transferring to another high school.

________________________________ ________________________________ ______________
Student Signature Parent/Guardian Signature Date
RECORDS WILL BE SENT UPON REQUEST UNLESS STUDENT HAS UNPAID FEES OR HAS INCURRED CHARGES FOR LOST/DAMAGED TEXTBOOKS OR LIBRARY MATERIALS.