

FRANKLIN MONROE HIGH SCHOOL/MIDDLE SCHOOL

STUDENT WITHDRAWAL FORM

Student Name : _____

Today's Date: _____

Part 1 is to be completed and signed by student's parent/guardian or by the student who is eighteen (18) years of age or older. Signature on Part 1 will also give authorization to release of student's records.

Part 2 is to be completed by the teachers/staff/administration.

Part 1

Date of Student's Withdrawal: _____

Present Address: _____

Last day of attendance at Franklin Monroe: _____

Future address: _____

Name of School you will be attending: _____

First day of attendance at new school: _____

Address of future school: _____

Phone & fax: _____

Signature of Parent/Guardian

Part 2 – To be take to each teacher/staff/administration person by the student prior to the student's last day at Franklin Monroe. This form must be turned in to MS/HS office when complete.

SUBJECT	FEE	BOOK RET'D Y N	GRADE	TEACHER'S SIGNATURE

Librarian _____ Class Advisor _____ Treasurer _____ Guidance Counselor _____
Cafeteria Manager _____

Principal's Signature