



CANON-McMILLAN SCHOOL DISTRICT
Notice of Withdrawal

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Canon-McMillan High School | <input type="checkbox"/> First Street Elementary School |
| <input type="checkbox"/> Canonsburg Middle School | <input type="checkbox"/> Hills-Hendersonville Elementary School |
| <input type="checkbox"/> Cecil Intermediate School | <input type="checkbox"/> Muse Elementary School |
| <input type="checkbox"/> North Strabane Intermediate School | <input type="checkbox"/> South Central Elementary School |
| <input type="checkbox"/> Borland Manor Elementary School | <input checked="" type="checkbox"/> Wylandville Elementary School |
| <input type="checkbox"/> Cecil Elementary School | |

Student Name _____ Grade _____ Homeroom (If applicable) _____
 Date of Withdrawal _____ Withdrawal Code _____ Transferring to _____

TEACHERS PLEASE FILL IN THE INFORMATION REQUIRED:

Subject	Current Grade	Books/Materials Returned	Teacher's Signature
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Required Signatures

 Homeroom Teacher (If applicable)

 Librarian (Secondary Only)

 Guidance (Secondary only)

 Cafeteria

 Principal

 School Nurse

 Attendance Dean (Secondary only)

I hereby grant permission for my son/daughter _____ to withdraw from the Canon-McMillan School District.

New Address _____

 Parent Guardian Signature Date