

WITHDRAWAL/TRANSFER FORM

Peninsula High School
 14105 Purdy Drive, Gig Harbor, WA 98332
 Main Office: 253-530-4400 | Counseling Office: 253-530-4431 | Fax: 253-857-3588

Student Name _____ Parent/Guardian Name _____

Date of Withdrawal _____ Forwarding Address: _____

Grade _____ DOB _____ Street _____

Reason for Leaving _____ City _____ State _____ Zip _____

New School _____ Phone # _____

I understand that all books, chromebook, uniforms and materials must be returned and fines paid before the official transcript and/or grades will be released to any other school.

I understand that withdrawal of my student prior to the end of the semester could jeopardize receiving credit for the semester. I understand that if a request for records or proof of program is not received within ten (10) working days, Peninsula High School will be obligated to file a BECCA bill.

Parent/Guardian Signature* _____
 (*If under 18 years of age)

Staff: Please complete the information for your class or department, e.g., letter grade, percentage of completion, and fines. (If there is a book loss or damage, you must include the book name and number.) The student's official transcript will not be forwarded to their new school if outstanding financial obligations exist (RCW 28A, 225,330)

Period /Course Title	Teacher	Grade	%	Fines/Books Out	Amount	Initials
1.						
2.						
3.						
4.						
5.						
6.						

	Materials/Fine	Signature
Librarian		
Locker		
Health Room		
Kitchen		
Bookkeeper		

_____ Counselor Initials _____ Date Withdrawn from PS _____ Registrar Initials _____