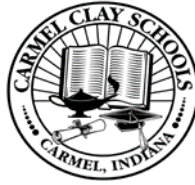


**WITHDRAWAL FORM**



**CARMEL CLAY SCHOOLS  
5201 EAST MAIN STREET  
CARMEL, IN 46033  
(317) 844-9961**

STUDENT'S FULL NAME \_\_\_\_\_

SCHOOL STUDENT IS CURRENTLY ATTENDING \_\_\_\_\_

GRADE \_\_\_\_\_ TEACHER'S NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PARENT'S PHONE NUMBER \_\_\_\_\_

PARENT'S EMAIL ADDRESS \_\_\_\_\_

ADDRESS OF NEW RESIDENCE \_\_\_\_\_

LAST DAY ATTENDING CARMEL CLAY SCHOOLS: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

NAME AND ADDRESS OF NEW SCHOOL \_\_\_\_\_

PHONE NUMBER OF NEW SCHOOL \_\_\_\_\_

FAX NUMBER OF NEW SCHOOL \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY:** Student ID# \_\_\_\_\_

Date student records mailed/faxed to new school \_\_\_\_\_

Date textbook/supplies collected \_\_\_\_\_

CCS Personnel Name \_\_\_\_\_

