



DOVER-SHERBORN HIGH SCHOOL

STUDENT WITHDRAWAL FORM

Prior to withdrawing/transferring from Dover-Sherborn High School, please complete the following in this order:

- Obtain parent/guardian signature, indicating confirmation of withdrawal/transfer.
- Make an appointment with your counselor to review exit procedures and obtain assistance with any last minute details.
- Return all school property, pay all fees and receive funds.
- Obtain signatures from all your teachers indicating clearance from their class. Please see each teacher during your regular class period. If this is not possible, please consult with your counselor to make alternate arrangements to meet with your teachers.
- Obtain Librarian's signature.
- Obtain Athletic Director's signature.
- Obtain School Nurse's signature.
- Obtain Principal's signature.
- **When this form has been fully completed, please sign it and return it to your counselor.**

Name of Student: _____ Grade: _____

Age: _____ Date of Birth: _____ DS Locker # _____
Years Mos Mo Day Year

Date of Leaving: _____
 Transferred – In state public
 Transferred – In state private
 Transferred – Out-of-State (public or private)
 Transferred – Home-school

New Address: _____
Number Street Town/City State Zip Country

School Transferring To: _____

Address: _____
Number Street Town/City State Zip Country

Parent/Guardian Signature: _____ Date _____

Student Signature: _____ Date _____

(OVER)

Teacher Signatures:

| | (Per Subject): Grade to Date | Textbook Return | Teacher Signature |
|----|------------------------------------|--------------------|----------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |

• Librarian Amount owed _____ Refund _____ Signature: _____

• Athletic Director Signature: _____ Date: _____

• Principal Signature: _____ Date: _____

• School Nurse Signature: _____ Date: _____

Health records were given to student/parent/guardian yes no
Student/parent/guardian initials: _____

COMMENT: _____

Medication was returned to student/parent/guardian yes no
Student/parent/guardian initials: _____

COMMENT: _____

• **Counselor Signature:** _____ **Date:** _____