

# Carmel Clay Schools

5201 East Main Street, Carmel, IN 46033

**PLEASE COMPLETE THIS FORM AND SUBMIT IT TO YOUR CHILD'S SCHOOL**

## STUDENT WITHDRAWAL FORM

*This form is to be used by all students currently enrolled at Carmel Clay Schools.*

**\*\*\*A parent signature is required to withdraw a minor student from the school system\*\*\***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age at Withdrawal: \_\_\_\_\_ ID# \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ (This is the date following student's last day of attendance)

Reason: \_\_\_\_\_

Forwarding Home Address \_\_\_\_\_

Name of New School: \_\_\_\_\_

City and State: \_\_\_\_\_

Please indicate date of enrollment in new educational system: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**To the Parent / Guardian:** By signing this form, I acknowledge I am withdrawing my student from Carmel Clay Schools.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrator:** I have spoken with the parent/guardian regarding this withdrawal, certify their awareness, and verify we have proper documentation.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following must be initialed by the appropriate staff and/or office personnel before completion of withdrawal:

Bookstore \_\_\_\_\_ Media Center \_\_\_\_\_ Activities for CHS Parking Permit \_\_\_\_\_ Chromebook Returned \_\_\_\_\_

Office Use Only: STN: \_\_\_\_\_

Exit Interview Required: \_\_\_ Yes \_\_\_ No

If yes, please indicate date: \_\_\_\_\_

Withdrawn in Computer: \_\_\_ Yes \_\_\_ No

Effective Date: \_\_\_\_\_

Records Requested Date: \_\_\_\_\_

Records Sent Date: \_\_\_\_\_