

HANOVER COMMUNITY SCHOOL CORPORATION

Transfer/Withdrawal Form

Date: _____

Student's Name _____

Student's Birthdate: _____

School Name: _____ **Grade/Teacher** _____

School Year: _____

Last Day of Attendance at School _____

Reason for transfer/withdrawal: _____

Student's NEW Address _____

Name/Address of New School _____

Parent Contact Number _____

I, _____, the legal custodian of this child, consent to the withdrawal of the student named above. I understand that I will complete the required steps for withdrawal, and am responsible for the payment of any current or outstanding fines, as well as the return of any school owned books or textbooks that may be in the possession of the student. I also understand that I am responsible for the payment of any negative balances to the cafeteria.

Parent Signature _____

Office Use only

_____ **Teachers – All textbooks and school property returned**

_____ **Bookkeeper – All book rental and fees paid**

_____ **Cafeteria – Lunch account in good standing**

_____ **Library – All library books have returned**

Please list any fees unpaid or books not returned: _____

