



Orland School District 135
15100 S. 94th Ave.
Orland Park, IL 60462
708-364-3300

REQUEST FOR WITHDRAWAL FORM

Students Name (print): _____

Date of Birth: ____/____/____ School: _____ Grade: _____

(Indicate the reason for withdrawal below):

MOVING – New Address: _____

New School Name: _____

New School City, State, Zip: _____, _____, _____

OTHER REASON (please state): _____

New School Name: _____

New School City, State, Zip: _____, _____, _____

Date of Withdrawal: ____/____/____

Will the student attend school on this date? YES or NO Will the student remain in school ALL day? YES or NO
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Parent/Guardian Name (print): _____

Signature: _____ Today's Date: ____/____/____

Phone Number: (____) ____ - _____

Upon submitting this request, your child is no longer a student within Orland School District 135. All classes will be dropped and you will be required to re-enroll to attend. This includes payment of fees, proof of residency, and completing all necessary enrollment forms.

Office Use Only Date Received: ____/____/____ By: _____

IT Processed: ____/____/____ By: _____

Transportation Processed: ____/____/____ By: _____

Date Records Sent: ____/____/____ By: _____