

WITHDRAWL/TRANSFER FORM

Student Name: _____ Grade: _____ D.O.B: _____

Student #: _____ Last Date of Attendance: _____

Going to: _____

Cumulative GPA: _____ Total Credits Earned: _____

All steps below must be followed to process the withdrawal and forward records.

1. I am aware that my child is withdrawing from school.

Parent Signature: _____ Date: _____

2. I **have/have not** discussed this with the student.

Counselor Signature: _____ Date: _____

3. Return books to teachers. Subject Withdrawal Grade % Grade Sheet Teacher's Initials
Unreturned Books Fees/Fines Owed

4. Laptop Returned: **Yes No**

5. Library Material Returned.

Librarian Signature: _____ Date: _____

6. Principal Signature: _____ Date: _____

7. Return completed form to the Counseling Office.

Subject	Grade	%	Grade Sheet	Teacher Initials	Unreturned Books	Fees/Fines Owed

