

**KEHRS MILL ELEMENTARY  
WITHDRAWAL FORM  
FOR SCHOOL YEAR \_\_\_\_\_**

**Please return this form to the office.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Did Student receive Special Education Services?    \_\_\_ Yes    \_\_\_ No

Date of Withdrawal: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

Moving to:

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Phone number

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

Did student return all school property?    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

Did student return all school property?    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

Did student return all school property?    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
Librarian

\_\_\_\_\_  
Date

Did student return all Library books?    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
Cafeteria

\_\_\_\_\_  
Date

Balance due \_\_\_ Yes \_\_\_ No, if yes how much \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date