

STUDENT WITHDRAWAL FORM

To the STUDENT: This form must be completed and returned to the **REGISTRAR**. Records will not be forwarded to another school until all information is received and obligations fulfilled.

NAME: _____ GRADE: _____ LOCKER # _____ WITHDRAWAL DATE: _____

REASON FOR WITHDRAWAL: _____

IF MOVING, NEW HOME ADDRESS: _____
Street Address

City State Zip

NEW SCHOOL ADDRESS: _____
Name of School

Street Address

City State Zip

TEACHERS: *Please complete form in INK. You must give this student a grade to date of withdrawal from MHS and sign your name. This form will be forwarded to the new school. If a textbook was issued, but not returned, indicate amount owed.*

| PERIOD | SUBJECT | EXIT GRADE | CREDIT | TEXTBOOK RETURNED | | | TEACHER SIGNATURE |
|--------|---------|------------|--------|-------------------|----|----------|-------------------|
| | | | | YES | NO | COST/FEE | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| OTHER | | | | | | | |

Student must also obtain the signatures of the following people:

LIBRARY MATERIALS RETURNED: YES NO AMOUNT: _____ LIBRARIAN: _____

COUNSELOR: _____

LOCKER CLEANED OUT AND CHECKED - HEAD CUSTODIAN: _____

PARENT: _____ DATE: _____

REGISTRAR: _____ DATE: _____