



Islander Middle School
7447 84th Ave SE
Mercer Island, WA 98040

Student Withdrawal Form

Student Legal Name: _____ Birthdate: _____

Mercer Island School: ISLANDER MIDDLE SCHOOL Grade: _____

I am withdrawing this student for the following reason(s): _____

Contact Phone #: _____

Forwarding Address: _____

Last Date of Attendance: _____

New School: _____

New School Address: _____

New School's Phone: _____

Type of School: ☐ Public ☐ Private ☐ Home School ☐ Other: _____

Parent/Guardian Name

Parent/Guardian Signature

Secondary Students Only

Please take the withdrawal form to teachers. Teachers/Support Staff must complete this section.

Period	Subject	Grade at Withdrawal	Books Returned Fees or Fines	Teacher/Administrator Signature
1				
2				
3				
4				
5				
6				
ASB				
iPad				
Library				
Locker				
Food Service	+ / - \$	☐ Refund Account	☐ Donate to MISD	☐ Transfer to Sibling: _____

*outstanding fees will result in official transcripts being held until fines are paid

Registrar

Date

Withdrawal Code