Monomoy Regional High School

Student Withdrawal Form

Student Information

Student's Name	Date of Birth	Grade

Address	Phone#

Parent/Guardian Name	Phone #

Address

Parent/Guardian Name	Phone #

Address

Withdrawal Information

Date submitted	Anticipated Withdrawal Date	Date of last attendance

Reason for Leaving

☐ Student has an active IEP and is receiving Special Education Services ☐ This student has a 504 Plan

I have been informed of my rights as a student under Section 504 and the IDEA. I have been informed of all the services available to me. Yes No

I wish to have an evaluation in my suspected areas of disability Yes No

If no, I understand that should I wish to re-enroll, I can request an evaluation to determine eligibility for a 504 or special education services Yes No

Student Signature (required if over 18)	Parent Signature

To be completed by Monomoy Regional High School Staff

Textbooks Returned ____ Laptop returned _____ Exit Survey completed _____

Any missing textbooks will be billed to the student through MRHS main office.

_____ _____

Counselor Signature Administrator Signature