

**South Kitsap High school
Consent to Withdraw Student**

STUDENT INFORMATION

Student Name: _____ Student #: _____ Birth Date: _____
Last First M.I.

Grad Year/GRADE: _____ Last date of attendance: _____ Effective date: _____

Reason for withdrawal: _____

School/District Transferring to: _____ City, State _____

Parent/Guardian Name (*print*): _____ Phone: _____

Parent/Guardian Signature: _____ Custodial Parent:
 YES NO

OFFICE USE

Progress Report printed <input type="checkbox"/>	Check-out form printed <input type="checkbox"/>	Transcript printed <input type="checkbox"/>	OT sent <input type="checkbox"/>
W/D entered in Q <input type="checkbox"/>	Walk around <input type="checkbox"/> _____	W/D packet filed <input type="checkbox"/>	Other records sent:
Ws entered in grades <input type="checkbox"/>	Internal <input type="checkbox"/> Emailed to LIB/BKRM <input type="checkbox"/>		

To withdraw your student:

COMPLETE this form and submit to SKHS by:

- Delivering to the Registrar in the ASB Office, or
- Scan/email the form to SKHSRegistrar@skschools.org, or
- Fax to 360-874-5892

RETURN the Chromebook, charger and all other books/materials checked out to your student.

CHECK your student's account for any fee/fines and make payment arrangements with our ASB Bookkeeper.