



Student Withdrawal Request

Enrollment Center Use Only

Student ID _____

State ID _____

High School Cohort Year _____

Date _____

Student Last Name _____ First Name _____

School withdrawing from _____ Grade _____

Last day student attended this school _____ Student's Date of Birth _____

Withdrawal Reason: Change of Address Magnet/Charter/Optional School Acceptance

(please circle one)

Expectations Not Met

Safety Concerns

Transportation

Discipline

At School Request

Not on Track to Graduate

Other: _____

Transferring to:

(please circle one)

Another MNPS School

Private School

Virtual School

Home School

Adult Ed/HiSet Program

Out of County

Out of State

Out of Country

Other: _____

Next Planned School or Adult Ed. Program of Enrollment _____

School or Adult Ed Program Name City, State

Parent Comment: _____

I understand and acknowledge that withdrawal from an MNPS Magnet/Optional /Charter School will result in forfeiture of the student's assignment at such school and that my student may not have the option to enroll in another MNPS Magnet/Optional/Charter school until the next school year.

I understand and acknowledge that outstanding fees, fines, or unreturned school property such as textbooks, library books, instruments, uniforms, or equipment may results in financial charges and/or withholding of student records.

Parent/Guardian Phone #

Parent/Guardian Name

Parent/Guardian Signature

Required:

Attach Parent/Guardian Photo ID

or

Parent/Guardian Phone Call

School Administrator Signature

Enrollment Specialist _____

MNPS Student Information Sheet

Student's Last Name _____ First _____

Middle Name _____ Date of Birth ____/____/____

Other MNPS Students Living in the Same Household

1. Name _____ School _____

2. Name _____ School _____

3. Name _____ School _____

4. Name _____ School _____

#1 Parent/Guardian Living in the Household With Student

Relationship to Student Mother / Father / Legal Guardian / Power of Attorney
(Circle one) _

Name _____

Last First Middle Initial

Home Address _____ APT# _____ City _____ ST _____ Zip _____

Mailing Address if different _____

Phone #1 _____ Phone #2 _____ Date of Birth ____/____/____

Email Address _____ Male / Female (circle one)

#2 Parent/Guardian

Does this Parent/Guardian Live with the Student? Yes / No (circle one)

Relationship to Student Mother / Father / Legal Guardian / Power of Attorney
(Circle one)

Name _____

Last First Middle Initial

Home Address _____ APT# _____ City _____ ST _____ Zip _____

Mailing Address if different _____

Phone #1 _____ Phone #2 _____ Date of Birth ____/____/____

Email Address _____ Male / Female (circle one)

Emergency Contacts other than Parent/Guardian

#1 Contact _____ (Male / Female) Phone _____ - _____

Last First Middle Initial circle one

#2 Contact _____ (Male / Female) Phone _____ - _____

Last First Middle Initial circle one

Statement of Residence: Where does the student stay at night? (Please check ONE)

___ Home/Apartment owned or rented by the student's parent/legal guardian ___ a campsite ___ in an automobile

___ With a relative or friend (family does not have a residence) ___ Shelter ___ in a motel

___ Other housing (please explain) _____

*I certify that the above information is true, accurate, and subject to verification. *

Parent Signature _____ Date ____/____/____