

Student Withdrawal Form

Student Name _____

Today's Date _____

Student ID# _____

Last day in <district name> _____

Tentative start date at next school _____

Your child is expected to attend school until he/she is transferred to the new school district.

Grade _____ Building _____

DOB _____ Age _____

New School Institution Name and Address:

Parent/Guardian Forwarding Address:

Phone # _____

Parent/Guardian Signature _____