

WITHDRAWAL FORM

Today's Date:	B Date: The last day the student will attend school:				
School:	Homeroom #:	St	Student ID#:		
Student Name:	Date of Birth:				
Current Address:					
Street		City	State	Zip Code	
Parent/Guardian's Name:		Telephon	e Number:		
Reason for Withdrawal:					
Student attending Non-Public	, Private and/or Home	Education Progra	am within District B	oundaries	
Student transferring to Charte	er School				
Moving out of District	■ Moving out of Sta	te 🔲 Mo	ving out of Country	,	
Extended absence (more tha	n ten days) Te	ntative return dat	e		
Other					
Name of New School (if applica					
Forwarding Address for Family	(II applicable):				
Street		City	State	Zip Code	
Parent/Guardian's Signature (If Ste	udent under 18 years)	Student's Signature (If 18 years or older)			
School Principal Signature or Des		*****	******	******	
	ERNAL USE ONLY - CHEC				
Parent completed form	formation taken over teleph	one Receive	ed Request for Record	s	
Cyber School Enrollment Form rece	eived by Business Office	Collect	ed iPad/Laptop		
Withdrawal Code:(Use appropriate code)	Withdrawal Date:(Enter the last of	day attended school)	Official Return Date (Should match the retu		
Processed By:		,	ate:		
Re-Activated Rv:			Date:		

Withdrawal Form Revised: 10.18.21