



Student Withdrawal from District

STUDENT INFORMATION			
Legal Last Name:	Legal First Name:	Legal Middle Name:	
Student ID:	Date of Birth:	Grade:	Last Date of Attendance:

I, _____, declare that I am the legal parent/guardian of the
(Parent/Guardian Name)
student named above.

My child will be (check box):

- Attending a different school (complete school information below)
- Homeschooled
- Discontinuing schooling (17 years old) *Parent needs to complete Age 17 Withdrawal form.*
- Discontinuing schooling (18 years old or older)
- Attending an Adult Ed or GED program (18 years old or older)

I will reenroll my child at the following school:

School Name: _____

City: _____ State: _____

Start Date: _____

PARENT/GUARDIAN'S SIGNATURE Signature: _____ Date: _____

STUDENT'S SIGNATURE Signature: _____ Date: _____

ADMINISTRATOR'S SIGNATURE Signature: _____ Date: _____

OFFICE USE – WITHDRAWAL CHECKLIST
1. Confirm Last Date Attended: _____
2. Exit Date: _____
3. Exit Code: _____
4. School Devices Returned: Y or N or N/A
5. Request for Records Received: Y or N
6. Records Sent to New School: Y or N
7. Verify Exit Code based on records request from student's new school
8. If records request not received, verify student enrollment in new school
9. Update PowerSchool as needed