



Official School Withdrawal Form

Student Name _____ Withdrawal Date _____

School transferring to _____

Reason for Withdrawal _____

Withdrawal Grades – (see attached print out)

Financial Clearances:

Department	Description	Amount Owed/Credited	Cleared By
Athletic			
Business Office			
Library			

Parent Signature

Principal

Registrar

Office use only:

____ Schedule Archived

____ Transfer Grades Archived

____ CUM File Archived