

Student Withdrawal Form – High School

School: _____

Student's Name: _____ Date: _____

Date of Birth: _____ Sex: _____ Year in School: _____ Phone: _____

Reason for Withdrawing: _____

Confirmed by: _____ / _____
 (Registrar's Signature) (Personal Contact, Note, Telephone)

Signatures needed in order to withdraw:

Attendance Clerk: _____ Counselor: _____

Media Center: _____ Bursar: _____ /Fines _____

TA: _____ Locker #: _____ Combination: _____

IEP Case Manager: _____

I authorize the release of information about my own or my son/daughter's GED progress. Information is to be used for educational purposes.

IF Going for GED: _____
 Parent Signature / Adult Student Signature Date

Period	Subject	Was the book returned? If not, we need title & # Of book NOT returned	Teacher's Signature	%Gr	Abs
E.M.					
1.					
2.					
3.					
4.					
5.					
6.					
A.S.					

Bursar: _____

RETURN THIS SHEET TO THE REGISTRAR BEFORE LEAVING.

POCATELLO/CHUBBUCK SCHOOL DISTRICT NO. 25

3115 Pole Line Road
Pocatello, ID 83201
(208) 232-3563, Fax (208) 235-3280

PERMIT TO WITHDRAW

Date

Name

Student Number

Year in School

Address

Phone Number

Date of Birth

Parent/Guardian/Adult Student Consent: _____

Reason for Withdrawal: _____

Administrator/Counselor

I request my record or my child's records be sent to a transferring school: Yes_____ No_____

Parent/Guardian's/Adult Student's Forwarding Address and Phone Number:			
Street/Mailing Address			
City	State	Zip Code	Phone Number

(If parent/guardian requests a release of records, parent/guardian is to complete a Request for Authorization of Release of Student Records form. If special education services are involved, this withdrawal form must be treated as a confidential record.)

Copies: Principal, Parent/Guardian, Cumulative