

## Student Withdrawal Form

Student Name: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_ Days Present: \_\_\_\_\_ Days Absent: \_\_\_\_\_

Subject	Teacher	Grade for Period

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_