

[School Name]

Student Withdrawal Form

[School Address]

[City, State, Zip]

Phone: [School Phone Number] | Email: [School Email Address]

Student Information

- **Student Name:** _____
 - **Grade Level:** _____
 - **Date of Birth:** _____
 - **Student ID (if applicable):** _____
-

Parent/Guardian Information

- **Name:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

Withdrawal Details

- **Effective Date of Withdrawal:** _____
- **Reason for Withdrawal (optional):**
 - ☐ Transferring to another school
 - ☐ Relocating
 - ☐ Homeschooling
 - ☐ Financial reasons
 - ☐ Other (please specify): _____
- **New School (if applicable):** _____

Acknowledgment

I, the undersigned parent/guardian, understand that by withdrawing my child from [School Name], I am responsible for any outstanding tuition, fees, and the return of school property, including textbooks, technology, or equipment. I authorize [School Name] to release my child's academic records to the new school upon request.

Parent/Guardian Signature: _____ **Date:** _____

School Administrator Signature: _____ **Date:** _____

Office Use Only

- ☐ Records Request Received
- ☐ All Materials Returned
- ☐ Financial Account Cleared

● Notes: _____