STUDENT WITHDRAWAL/TRANSFER FORM

Last Name ___________________________ First Name ___________________________ Middle Initial ___________________________ Grade ___________________________

Date of Enrollment ___________________________ Last Day of Attendance ________________ Reason for Withdrawal ___________________________ School Official Signature ___________________________

Clearance:

Athletics: ________________ Library: ________________ ROTC: ________________

Bookstore: ________________ Owe ________________ Clear ________________

Original - Registrar Yellow - Student Pink - Counselor Goldenrod – JTED

Revised 2009

9-FW40010