



# WITHDRAWAL REQUEST



Please provide identification to verify that you are the Parent/Guardian before filling out this form.

Date of Request: \_\_\_\_\_ Time: \_\_\_\_\_

(1) STUDENT'S NAME: \_\_\_\_\_ GR: \_\_\_\_\_ DOB: \_\_\_\_\_

(2) STUDENT'S NAME: \_\_\_\_\_ GR: \_\_\_\_\_ DOB: \_\_\_\_\_

(3) STUDENT'S NAME: \_\_\_\_\_ GR: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Full Name: (Please Print)

\_\_\_\_\_

Contact Information: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## REASON FOR WITHDRAWAL

Change of Residence       Attend Private School       Charter School       Home School

Off- Island - Departure Date: \_\_\_\_\_  Other: \_\_\_\_\_

EXPECTED LAST DAY OF ATTENDANCE: \_\_\_\_\_

What *local or off-island school* will your child be attending? \_\_\_\_\_

### AND/OR

Provide address if available:

\_\_\_\_\_

**Please provide your signature** acknowledging that you have read the instructions stated above and understand what is expected of you and your Child(ren) in order to expedite this request in a timely manner.

*Please note the preparation of withdrawals will be between 2-3 business days to give teachers time to update attendance and grades on the system.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Assisted by: \_\_\_\_\_ (Office Staff)