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## Withdrawal Request Form

Today's Date \_\_\_\_\_

Student Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Mother (Guardian) name \_\_\_\_\_

Father (Guardian) Name \_\_\_\_\_

Forwarding Address if moving: \_\_\_\_\_

Please State Reason for Withdrawal

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use only:

Date Received \_\_\_\_\_ Withdrawal Complete (yes/no) \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_