



# Hamilton Community Schools Student Withdrawal Form

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

Student's Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Please print clearly and include city, state, and zip code.

## Reason for Withdrawal:

- \_\_\_\_\_ Transfer to Another Michigan School
- \_\_\_\_\_ Transfer to a Private School
- \_\_\_\_\_ Transfer Out of State
- \_\_\_\_\_ Transfer Out of the United States / Name of Country: \_\_\_\_\_
- \_\_\_\_\_ Home School
- \_\_\_\_\_ Other: \_\_\_\_\_

Name of New School: \_\_\_\_\_

New School Address (if known): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone of School: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ This student has an active IEP, and is receiving Special Education Services.

\_\_\_\_\_ This student has a 504 Plan.

## Have you completed the following?

- \_\_\_\_\_ All books turned back in to teachers.
- \_\_\_\_\_ Locker has been cleaned out.
- \_\_\_\_\_ Lunch account has been cleared.
- \_\_\_\_\_ Library books have been returned and all fees paid.

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

**Student educational records will be forwarded to the receiving school upon written request.**

## ***For Office Use Only:***

*Date Student Records Sent:* \_\_\_\_\_ *Sent by:* \_\_\_\_\_