

FABIUS-POMPEY CENTRAL SCHOOL
Middle/High School Guidance Office

WITHDRAWAL FORM

STUDENT NAME _____ BIRTH DATE ___ / ___ / ___ GRADE _____

NAME OF PARENT /GUARDIAN WHO IS WITHDRAWING STUDENT. (Must be parent living in this district. Please print.)

DATE OF WITHDRAWAL _____ TRANSFERRING TO: _____
School name and state

If not transferring to a school, please give reason why (briefly).

Students who transfer during the year must get their teachers' signatures verifying that all books and materials have been returned. Students must also get a Health Office, Main Office, and Library signature.

<u>Class</u>	<u>Teacher Signature That Books Have Been Returned</u>	<u>Exit Grade</u>
English	_____	_____
Social Studies	_____	_____
Math	_____	_____
Science	_____	_____
Foreign	_____	_____
Band/Chorus	_____	_____
PE	_____	_____
Other	_____	_____
Library	_____	_____
Health Office	_____	_____
Main Office	_____	_____

Parent/Guardian Signature

Date

RECORDS FOR THIS STUDENT MAY BE RELEASED WHEN THE ABOVE FORM IS COMPLETED, AND THE PARENT SIGNATURE HAS BEEN OBTAINED.

RETURN THE COMPLETED FORM TO THE GUIDANCE OFFICE.

Original to student file, copy to nurse, copy to main office.