

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.