

STUDENT WITHDRAWAL REQUEST FORM

I would like to officially withdraw _____
(Student Name)

who is in _____ from _____ effective immediately.
(Grade) (Name of School)

School Address _____

School Phone _____ School Fax _____

I am enrolling the above named student at Highland Community Learning Center.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____