

Student Voluntary Withdrawal Form

Student Name			Grade	Date of Birth
Address	City	Zip		Phone
Student Medication I	co Recover from Off	ice:		
Student's Last Date o	of Attendance:			
Name and District of	New School:			
Address of New Scho	ool if Out of State: _			
New Residence Addr	ess:			
Reason for Voluntary Withdrawal:				
withdraw my child on the date of my si	Insert Student Nan gnature and as ind v my child from enr	<mark>ne]</mark> from enrol icated above. ollment at <mark>[In</mark>	llment at <mark>[Inseri</mark> I further acknov <mark>sert Charter Sch</mark>	ave chosen to voluntarily Charter School] effective wledge and agree that my ool] was made voluntarily harter School].
Parent/Guardian Sigr				 Date

This For	m Must be Completed Prior to the Release of Student's Transcripts & Cumulative Records
This For	m Must be Completed Prior to the Release of Student's Transcripts & Cumulative Records
For O	fice Use Only –
_ _	Textbooks / Materials Returned: Fees Owed:
Today	's Date:
Н	ead of School