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 Highlands Community Learning Center.

Signature of Parent/Guardian_____Date_____

Printed Name of Parent/Guardian_____

Address _____

City _____State _____Zip_____