

WITHDRAWAL NOTIFICATION

PLEASE COMPLETE ONE FORM REPRESENTING ALL FAMILY MEMBERS AND STUDENTS IMPACTED BY THIS CHANGE. SUBMIT THE COMPLETED FORM TO THE SCHOOL BUILDING. THE FORM MAY BE MAILED, FAXED OR HAND DELIVERED. THIS FORM WILL BE USED TO WITHDRAW THE STUDENT & NOTIFY ALL BUILDINGS.

HOUSEHOLD ADULT MEMBERS

PRIMARY ADULT CONTACT (LAST NAME, FIRST NAME):	RELATIONSHIP:
SECONDARY ADULT CONTACT (LAST NAME, FIRST NAME):	RELATIONSHIP:

OLD HOUSEHOLD ADDRESS

ADDRESS:	TELEPHONE:
CITY, STATE, ZIP:	DATE OF MOVE (OUT):
MCPASD ATTENDANCE SCHOOL(S):	

NEW HOUSEHOLD ADDRESS

ADDRESS:	TELEPHONE:
CITY, STATE, ZIP:	DATE OF MOVE (IN):
NEW SCHOOL DISTRICT (BASED ON ADDRESS AND ATTENDANCE BOUNDARIES):	

STUDENT INFORMATION

STUDENT NAME (LAST NAME, FIRST NAME):	CURRENT SCHOOL:	GRADE:	WITHDRAWAL DATE:	NEW SCHOOL:	START DATE:

ADDITIONAL INFORMATION

REASON FOR WITHDRAWAL:

PARENT / GUARDIAN SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE: ➤	DATE SIGNED:
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OFFICE USE ONLY:

REGISTRAR OR DESIGNEES SIGNATURE: ➤	DATE SIGNED:
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<input type="checkbox"/> Database	<input type="checkbox"/> Transcripts	<input type="checkbox"/> Special Education
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