

## ELEMENTARY SCHOOL WITHDRAWAL FORM

STUDENT NAME ..... Grade .....

Date of withdrawal .....

Please obtain Signatures from the following indicating your son/daughter has been cleared:

Library .....

ID Office .....

Classroom Teacher .....

ESL if applicable .....

Have you ordered a Memory Book? Yes ..... No .....

If so, arrange for someone to pick it up.

Name of person picking it up: .....

Please submit the completed withdrawal form to the Registrar's Office, from which you may collect your child's school records.