

WICKLIFFE CITY SCHOOLS

PARENT OR GUARDIAN REQUEST FOR WITHDRAWAL

1. Name of student _____ I.D. # _____

2. Date of last attendance _____ Grade _____ School _____

3. Date of birth: Month _____ Day _____ Year _____

4. Name of parent or guardian _____

5. Residence before moving _____

6. New residence: School District _____ County _____

Street and No. or R.F.D. _____

City, State and Zip Code _____

7. Reason for withdrawal (please check correct box)

Transfer

Medical _____

(Reason)

Work Permit

Drop-Out (Age)

Other _____

(Reason)

Signature of parent or guardian

Date

Signature of Principal