

SOLVAY UNION FREE SCHOOL DISTRICT

Student Withdrawal from School Form (NOTE: Grades K-5 please complete the shaded areas only.)

TO THE STUDENT/PRINCIPAL'S SECRETARY: In order to facilitate check-out procedures, please complete this form. This must be done before an official transfer can be acknowledged. Give reason for leaving. Have your parent or guardian sign.

Name: _____ **Grade:** _____ **Student ID#:** _____ **Date of Birth:** _____

Date of Admission: _____ **Withdrawal date:** _____ **New school, address, phone:** _____

Reason for leaving: _____ **Emergency Phone:** _____

Student's Signature: _____ **Parent's Signature:** _____

New Address & Phone: _____

PROCEDURE: List all of your subjects and teachers. Have teachers' record grade/absences to date, books returned and sign. Have the librarian, athletic director and nurse sign below. Clean out your locker. Have the attendance clerk, principal's secretary and principal sign the form and then see your counselor for final checkout.

HS Period	MS Period	SUBJECT	TEACHER'S NAME	GRADE TO DATE	ABSENCES TO DATE	BOOKS RETURNED?	TEACHERS' SIGNATURE
1	1						
2	2						
3	3						
4	4						
5	5						
6	6						
7	7						
8	8						
9	9						
10	10						

	SIGNATURE	DATE		SIGNATURE	DATE
Elementary Teacher	_____	_____	Principal's Secretary/ Registrar	_____	_____
Librarian	_____	_____	Principal	_____	_____
Athletic Director/Dean	_____	_____	Counselor's Signature	_____	_____
Nurse	_____	_____	Band/Chorus	_____	_____
Attendance	_____	_____			