

## SCITUATE PUBLIC SCHOOLS STUDENT WITHDRAWAL FORM

Date of Request:		Date of Birth:	Current Grade:			<del></del>
Student's Full Nan	ne:					_
Last day attending current school: or End of current school year □						
Student withdraw □Cushing Elem □Wampatuck E	entary Sch	•	•		s Elementary Scho e High School	ol
Please indicate rea ☐ My child will		ithdrawal: a new public school	I □ I will be hor	ne schoolir	ig my child	
☐ My child will	be attend	ng a private school	$\square$ My child will be attending a Hi Set (GED) prog			
☐Moving out o	f state/coι	ıntry	☐ Other			
Student's New Sch	nool Name	:				
chool Address: City						
StateZip _	Phone: Fax (if known):					
School Contact Na	ıme:					
If moving. Student	t's New Ad	dress				_
		City		State	Zip	_
		raw my son/daught release transcripts, records to		nce, and s		
Parent Signature Date		Date	Student Signature (if over 18 yrs. of age)			
•		ents: Please submit of the completed with the complete with the comple	•	•	•	Office.
Subject	Books Returned	Teacher Signature	Subject	Books Returned	Teacher Signature	
	ıI			·		
School Office Use:		Administrator S	Sign-Off			
Loaner Technolo	gy Returne		Food Service Balance Paid Yes?			