



Withdrawal Request

Student name: _____ Grade: _____

I, _____, the custodial parent/guardian

of _____, wish to withdraw my child
(student's name)

from _____ effective ____/____/____
(school name) (date)

He/she will be attending: _____
(name of school)

in _____
(school location)

Signature: _____ Date: ____/____/____