

## Withdrawal Request

| Student name:             |                   | Grade:                          |
|---------------------------|-------------------|---------------------------------|
| I,                        |                   | , the custodial parent/guardian |
| of                        | (student's name)  | , wish to withdraw my child     |
| from                      | (school name)     | effective/(date)                |
| He/she will be attending: | (name of so       | hool)                           |
| in                        | (school location) |                                 |
| Signature:                |                   | Date: / /                       |

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