

**WITHDRAWAL FORM**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Current Address: \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prior to submitting this form to the district office for processing, the McClusky Public School District administration recommends that the student meets with the following parties and obtain their signatures. The signatures below do not indicate that the parties agree with withdrawal decision but that they have met with student prior to withdrawing from McClusky Public High School.

\_\_\_\_\_

McClusky Public School District Counselor

\_\_\_\_\_

Date

\_\_\_\_\_

McClusky Public School District Principal

\_\_\_\_\_

Date

**End of McClusky School District #19 Exhibit FDG-E**