OFFICIAL WITHDRAWAL FORM

Name of Student Leaving School: Date:/				
Grade:	Locker #:	_ 1 st perio	d: Counse	Mrs. Mackey Mrs. Milano Ms. Ward
Class	Teacher's S	ignature	Grade to Date this Quarter	Textbook/Chromebook returned? (Y/N/NA)
English			,	
Social Studies				
Math				
Science				
Foreign Language				
Health				
Art				
Band				
Chorus				
Phys. Ed.				
JROTC				Uniform returned?
Other				
Librarian's Signature:				
Main Office:				
Guidance Counselor's	Signature:			
Mrs. Haberman (Park	ing Permit):			

l,	, hereby withdraw	from
(Name of Parent/Guard	, hereby withdraw dian)	(Name of Student)
James I. O'Neill High School. T	he withdrawal is effective on/	/ The reason for withdrawal
is:		
	Signature of Parent/Guardian	// Date
Please fill in the following info	ormation if known.	
Name and address of school to	which student is transferring:	
		(City, State)
	Phone:	
	Fax:	
Withdrawal of(Stude	was confirmed with _	(Parent/Guardian)
□ Via ph		(i dienty dadraidity
□ Via em		
Ву	Date	
	(Guidance signature)	(Date)