

Student Withdrawal Form

Morehouse Parish Schools School: _____

*****Student Information*****

Today's Date: _____ Date in 10 days: _____

Student Last Name: _____ Suffix: _____

Student First Name: _____ Middle: _____

Grade: _____ Homeroom Teacher: _____ Date of Birth: _____

Student SSN: _____

Contact Person: _____ Relationship: _____ Phone: _____

Forwarding Address: _____ City/ST: _____ Zip: _____

_____ Contact has been made with Contact Person

*****Withdrawal Information*****

Exit Code: (see back) _____ Exit Date: _____

Transfer to what school _____

City: _____ State: _____ Phone: _____

_____ Contact has been made with Transfer School. Spoke to: _____

*****Dropout Information*****

Age less than 18? _____ Parental Permission Form Signed if Under 18? ____Y____N

Parent/Guardian reason for withdrawing student: (Must be completed by parent/guardian)

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Follow Up

_____ Date Information Request Received From Transfer School

After 10 days, if request is not received, call the transfer school to see if student enrolled. If student has not enrolled, call the contact person above and check on status.

_____ Date First Attempt to reach Contact Person. Successful? ____Y____N

_____ Date Second Attempt to reach Contact Person. Successful? ____Y____N

_____ Date Third Attempt to reach Contact Person. Successful? ____Y____N

Status of Student after 10 days:
