

STUDENT WITHDRAWAL FORM

	St. Roch Campus 2518 Arts Street New Orleans, LA 70117	☐ Uptown Campus 1400 Camp Street New Orleans, LA 70130		eet	Westbank Campus 502 Olivier Street New Orleans, LA 70114	
Student Name:			Stud	t ISL:		
Grade:_	Grade: Date of Birth: _		Student ID #:			
Reason	for Withdrawal:					
Please (Check One:					
☐ Transfer Out of State or Country ☐ Transfer to Another Public School				☐ Illness☐ Certificate of Achievement		
	Louisiana	ic School in	Ц	Certificate of A	Acnievement	
			☐ Death/Permanent Incapaciation☐ Other: Please explain		<u>-</u>	
	·					
New Scl	hool Name:					
New Scl	hool Address:					
Parent/0	Guardian Signature:			Date:		
Accepte	cepted By:					
	☐ Check if IS	L staff complet	ed this fo	orm on behalf o	f a parent/guardian	