

MONTE DEL SOL CHARTER SCHOOL

Official Withdrawal Form



Date: _____

Name of the student: _____ Grade: _____ DOB: _____

Parent/Guardian: _____

Address: _____

Reason for withdrawal: _____ AND CHECK ONE FROM BELOW:

- | | |
|---|--|
| <input type="checkbox"/> TRANSFERRED | <input type="checkbox"/> MOVED TO ANOTHER LOCATION |
| <input type="checkbox"/> PREGNANCY | <input type="checkbox"/> INTENDS TO TAKE GED |
| <input type="checkbox"/> LEFT SCHOOL TO WORK | <input type="checkbox"/> UNABLE TO ADJUST |
| <input type="checkbox"/> PARENT REQUEST (HOME SCHOOL) | <input type="checkbox"/> FAILING |
| <input type="checkbox"/> RUNAWAY | <input type="checkbox"/> CHILD CARE PROBLEMS |
| <input type="checkbox"/> CONTRACT OF CHOICE | <input type="checkbox"/> MARRIED AND LEFT SCHOOL |
| <input type="checkbox"/> SUSPENDED (DATE OF RETURN) _____ | <input type="checkbox"/> LACK OF INTEREST |

Name of new school: _____ City/State: _____

Enter your schedule below, and collect signatures from your teachers indicating that you have returned your textbook:

BLOCK	SUBJECT	TEACHER	TEXTBOOK	WITHDRAWAL GRADES					
				Q1	Q2	S1	Q3	Q4	S2
A									
B									
C									
D									
E									
F									
G									
HG									
Sports	Uniform Returned								

Withdrawal Signatures - Check the appropriate boxes below, and collect the following signatures

If you are enrolled in Special Education: _____
Special Education Advisor's Signature

If you are enrolled in Mentorship: _____
Mentorship Director's Signature

Technology equipment returned to MdSCS: _____
Technology Director's Signature

I approved of my child's withdrawal from MdSCS: _____
Parent's Signature (If student is under 18 years of age)

Administrator's signature: _____
With my signature, I certify that this form is complete and the withdrawal is approved.

How much owed? _____

All fees paid: _____
Registrar/Secretary/Business Office Signature