

**STUDENT WITHDRAWAL FORM**

**Rocky Hill Public Schools, Rocky Hill High School  
Rocky Hill, Connecticut**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_ New Address (if moving) \_\_\_\_\_

**PARENTAL AUTHORIZATION**

I hereby request the withdrawal of the above-named student from Rocky Hill High School effective \_\_\_\_\_

The reason for this action is:

\_\_\_\_\_ Withdrawal from school (over the age of 18)

\_\_\_\_\_ Withdrawal to an Adult Education Program (at least 17 years old. **See back of form**)

\_\_\_\_\_ Transfer to another school (Name and Address of School):  
\_\_\_\_\_

The following records will be sent to the school noted above if applicable:

- ➔ **Cumulative Record (Demographic information, report cards, test scores, suspension reports)**
- ➔ **Health Record**
- ➔ **Confidential Records for Special Education (Planning & Placement Team Meetings (PPT), Individualized Education Plans (IEP), 504 Plan, Psychological and Educational Evaluations, Psychiatric Consultations and all other Assessments).**

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

Student Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHER AUTHORIZATION**

When all books and educational materials have been returned, and indebtedness cleared, the above named student will be withdrawn from the school. By signing, each teacher shows clearance of the student. When completed, this form is to be returned to the Guidance Office.

Courses	Teacher Signatures	Grade (as of withdrawal)

**Below is for office use only**

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Student SASID \_\_\_\_\_

Chromebook returned: \_\_\_\_\_ Charger returned: \_\_\_\_\_ IT/Office Signature: \_\_\_\_\_

Is student indebted: NO \_\_\_\_\_ YES \_\_\_\_\_ Amount \$ \_\_\_\_\_

Counselor: \_\_\_\_\_ Principal: \_\_\_\_\_ Clearance Date: \_\_\_\_\_

**Rocky Hill Public Schools, Rocky Hill High School**  
**50 Chapin Ave.**  
**Rocky Hill, CT 06067**  
**860-258-7721**

- This additional page is to be filled out only if the student is withdrawing from school to attend an adult education program.

Student: \_\_\_\_\_

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

→ All appropriate educational services have been explained and offered regarding educational opportunities for:

\_\_\_\_\_  
(Student's name)

→ I (we) am aware of the educational opportunities this school district has to offer. I (we) opt out of educational opportunities for our child:

\_\_\_\_\_ from Rocky Hill, CT.  
(Student's name)

→ My child is at least seventeen years of age and will enroll in Adult Education.

Name/Address of Adult Education Program: \_\_\_\_\_

\_\_\_\_\_ Contact Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian Signature

**Sec. 10-184. Duties of parents. School attendance age requirements.** For the school years commencing July 1, 2011, to July 1, 2022, inclusive, the parent or person having control of a child seventeen years of age may consent, as provided in this section, to such child's withdrawal from school. For the school year commencing July 1, 2023, and each school year thereafter, a student who is eighteen years of age or older may withdraw from school. Such parent, person or student shall personally appear at the school district office and sign a withdrawal form. Such withdrawal form shall include an attestation from a guidance counselor, school counselor or school administrator of the school that such school district has provided such parent, person or student with information on the educational options available in the school system and in the community. The parent or person having control of a child seventeen years of age may withdraw such child from school and enroll such child in an adult education program pursuant to section 10-69. Such parent or person shall personally appear at the school district office and sign an adult education withdrawal and enrollment form. Such adult education withdrawal and enrollment form shall include an attestation (1) from a school counselor or school administrator of the school that such school district has provided such parent or person with information on the educational options available in the school system and in the community, and (2) from such parent or person that such child will be enrolled in an adult education program upon such child's withdrawal from school.

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**School District Personnel**

\_\_\_\_\_  
Principal, Rocky Hill High School

Date: \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent for Curriculum & Instruction

Date: \_\_\_\_\_