

**ROCKY HILL HIGH SCHOOL**  
**Rocky Hill, Connecticut**

**WITHDRAWAL FORM**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

New Address: \_\_\_\_\_

**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 17)
- \_\_\_\_\_ 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: \_\_\_\_\_

**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When all books and educational materials have been returned, and indebtedness cleared, the above named student will be withdrawn from the school.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/Assigned Areas	Teacher Signatures	Grade (as of withdrawal)

**Below is for office use only**

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Chromebook returned? \_\_\_\_\_

Charger returned? \_\_\_\_\_ IT/Main Office Signature

Is student indebted? \_\_\_\_\_ YES \_\_\_\_\_ NO (Call Main Office to Verify)

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