

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When all books and educational materials have been returned, and indebtedness cleared, the above named student will be withdrawn from the school.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

Chromebook returned? _____

Charger returned? _____ IT/Main Office Signature

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

Counselor: _____ Principal: _____ Clearance Date: _____