



Student Withdrawal Form

First Name	Middle Name	Last Name
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Date of Birth: _____
(mm/dd/yyyy) _____
Grade

Date of Withdrawal: _____
(mm/dd/yyyy)

Reason for Withdrawal: _____

I authorize **Dhahran High School** to release my:

- Transcripts
- Recommendation Letters _____

Other: _____

To the address listed below.

Name of School(s) _____

Address _____

Or Fax Name : _____

Number: _____

Parent Name (Print Please)

Parent Signature

Telephone Number

Email Address



Student Withdrawal Process

Name (First & Last) **Grade**

Staff Sign Off:

Bookkeeper: _____ Date: _____

Textbook Checkout: _____ Date: _____

LRC Clearance: _____ Date: _____

District Office Registrar: _____ Date: _____

Counselor: _____ Date: _____

Admin (Assistant Principal) _____ Date: _____

Registrar _____ Date: _____

1) Skyward Update

2) Transcript Request

Final Registrar Approval _____ Date: _____

Final Admin Approval _____ Date: _____

(Principal)