



Horseshoe Bend School District #73 Student Withdrawal Form

Student Name (printed) _____ Grade Level _____

Date of Withdrawal _____

Reason for Withdrawal (mark one)

Obtaining GED

Continuing education at an online/virtual school

Name of school _____

Continuing education at another school

Name of school _____

Continuing education in a home-school setting

Other

Please describe _____

Parent/Legal Guardian Signature _____ Date _____

Counselor Signature _____ Date _____

Administrator Signature _____ Date _____

See back for clearance signatures

Clearance signatures must be obtained from the following before release of records

MIDDLE/HIGH

PERIOD	CLASS	WITHDRAW GRADE	OUTSTANDING OBLIGATIONS	TEACHER INITIALS
1				
2				
3				
4				
5				
6				
7				

ELEMENTARY

GRADE LEVEL	OUTSTANDING OBLIGATIONS	TEACHER INITIALS

Other Outstanding Obligations:

Athletic Director (middle/high only) _____

Librarian _____

Food Services Director _____

Office Secretary _____

Please return completed form to Susie Gorbet in the office