



Student Withdrawal Form

Legal Student Name: _____ Grade: _____ Gender: M F
Last First

Current Street Address: _____ Zip: _____

City: _____ Parent/Guardian Name: _____

Hm. Phone: _____ Wk. Phone: _____ Cell Phone: _____

New Street Address: _____ Zip: _____

City: _____ State: _____ **New** Hm. Phone: _____

School Name Student Will Attend: _____ State: _____

Street Address: _____ City: _____

School Phone #: _____ School Fax #: _____

Student's Last Day at MCS: _____ Reason for Transfer: _____

I verify this student is withdrawing as of the above date, and that his/her transcript and any other relevant information may be released to the receiving school. I understand I am responsible for making sure all school property in the student's possession is returned to Mattawan Consolidated School prior to the move.

**High School students: The grade posted reflects work to date and is not a semester grade, unless individual arrangements have been made with the counselor.

Parent/Guardian Signature: _____ Date Signed (or Info Rec'd): _____

For Office Use Only:

Text Books Returned? Yes No Notes: _____

Library Books Returned? Yes No Notes: _____

End Date IC Courses? Yes No Notes: _____

Any Fines/Monies Owed? Yes No Amt. Due: \$ _____ Amt. Pd.: \$ _____ Notes: _____

Food Service Balance? Yes No Amt. Due: \$ _____ Amt. Pd.: \$ _____ Notes: _____

Last Date Student Attended: _____ Official Drop Date: _____ Employee Processing: _____

Check-Out Apt. w/Dean: _____ Dean: _____ Counselor: _____

Locker #: _____ Non-Resident: Yes No Mattawan Student #: _____

Notifications:

- Teachers
- Enrollment Notification Group
- Bilingual Services - ISD
- HS Services Team
- Transportation
- Food Service
- Special Education - Exit

HS Checklist Team Sec:

- Print Schedule, Withdrawal Grades & Percents
- Print Attendance
- Call Tech Center - ISD
- Update SRSD IC Tab
- Pull Work Permit from Main Office
- Update Student Count & Guidance Office Docs
- Update SIS Changes Doc
- Update S Drive Excel Doc

Mail to New School:

- Student's Schedule
- Student's Attendance
- CA-60
- Suspension Letters

Date Mailed: _____

By: _____

Via: _____

If No Record Requested:

Contacted: _____ Date: _____

Response: _____

If Under 16 Years of Age, Notification of Protective Services:

Date: _____ By: _____ Title: _____

Notes: _____

REV 04/2020