



WITHDRAWAL NOTIFICATION

INSTRUCTIONS: This form is to be completed by parent/legal guardian of student when intending to withdraw from an Arlington Public School. Please complete one form per school.

<p>Student Information</p> <p>Last Name: _____ First Name: _____</p> <p>APS Student ID: _____ Grade _____ Current APS School: _____</p> <p>New School Information <i>(Complete all information available)</i></p> <p>School Name _____ <input type="checkbox"/> Private <input type="checkbox"/> Public</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>New School Phone Number: _____ Fax Number: _____</p> <p>New School District _____</p>
<p>Student Information</p> <p>Last Name: _____ First Name: _____</p> <p>APS Student ID: _____ Grade _____ Current APS School: _____</p> <p>New School Information <i>(Complete all information available)</i></p> <p>School Name _____ <input type="checkbox"/> Private <input type="checkbox"/> Public</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>New School Phone Number: _____ Fax Number: _____</p> <p>New School District _____</p>
<p>Reason for Withdrawal</p> <p>Please explain _____</p> <p>_____</p>
<p>Withdrawal Date</p> <p>Student's last day of attendance _____</p>
<p>New Home Address (if moving)</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>Parent or Legal Guardian Contact Information</p> <p>Cell _____ Email: _____</p>
<p>Printed Name of Parent/Legal Guardian: _____</p>
<p>Signature of Parent/Legal Guardian: _____ Date: _____</p> <p><small>My typed name serves as my signature</small></p>