WITHDRAWAL FORM
DELASALLE HIGH SCHOOL

This form must be completed when a student withdraws from DeLaSalle High School.

All signatures of student, family, and DeLaSalle High School Teachers and Staff must be obtained before the withdrawal is complete. All tuition, fees, library obligations, textbooks, and school property must be paid, returned and/or accounted for before the student's transcript will be forwarded to another school.

Date of withdrawal: _____

Student's Name: _____ Grade: _____
Last First Mi

Address: _____ Zip: _____
Street Address City

Date of Birth: _____ Home Telephone Number: (_____) _____

Name of Parents/Guardians: _____

Reason for leaving DeLaSalle: _____
_____

_____

I hereby authorize DeLaSalle High School to release my school records (birth date, sex, grade, parent/guardian's names and addresses, grades, academic work completed, attendance data, achievement and standardized test scores, health records, etc) to:

_____
Name of school

_____
Address City, St. Zip

_____
Signature of Student

_____
Signature of Parent

REQUIRED SIGNATURES

Principal: _____ Business Office: _____

Librarian: _____ Counselor: _____

COURSE	TEACHER'S SIGNATURE	GRADE TO DATE	TEXTBOOK #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____