



## STUDENT WITHDRAWAL NOTIFICATION

**INSTRUCTIONS:** This form is to be completed by the parent or legal guardian of the student when intending to withdraw from an Arlington Public School. This form must be submitted to the student's current school.

### STUDENT'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

APS Student ID: \_\_\_\_\_ Grade \_\_\_\_\_ Current APS School: \_\_\_\_\_

#### New School Information (Complete all available information)

School Name \_\_\_\_\_  Public  Private Non-Religious  Private Religious  DOD School

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

APS Student ID: \_\_\_\_\_ Grade \_\_\_\_\_ Current APS School: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REASON FOR WITHDRAWAL:** \_\_\_\_\_

**WITHDRAWAL DATE:** List the student's last day of attendance \_\_\_\_\_

#### NEW HOME ADDRESS (If moving)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### INFORMATION OF PARENT/LEGAL GUARDIAN REQUESTING WITHDRAWAL

*My typed name serves as my signature.*

Parent/Legal Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### To Be Completed by APS Staff Processing Withdrawal

APS Staff Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_