

Student Withdrawal Form

Cleveland High School



To Be Completed By PARENT/GUARDIAN

Student Full Name			
Date of Birth		Current Grade Level	
New School Name			
New School City & State			
Parent/Guardian Signature			
Current Date		Effective Date of Withdrawal	

To Be Completed By COUNSELING OFFICE

Official Withdrawal Code	<input type="checkbox"/> 00 Dropout, Under 18	<input type="checkbox"/> 07 Doctor Certified (Documentation Required)
	<input type="checkbox"/> 01 Dropout, 18 and Over	<input type="checkbox"/> 08 Deceased
	<input type="checkbox"/> 02 State Institution/Custody	<input type="checkbox"/> 09 Mental/Drug Rehabilitation
	<input type="checkbox"/> 03 Tennessee Public School	<input type="checkbox"/> 10 Home School (Formal Intent to Register Required with Central Office)
	<input type="checkbox"/> 05 Out of State School	<input type="checkbox"/> 11 Court Order (Documentation Required)
	<input type="checkbox"/> 06 Tennessee Non-Public School	

To Be Taken By STUDENT/PARENT AND COMPLETED BY THE STUDENT'S TEACHERS

NOTE: This student has been enrolled for _____ week(s) out of an 18-week semester.

Course Name	Teacher Name	Withdrawal Grade	Textbook Returned?	Teacher Initials

To Be Completed By COUNSELING OFFICE

Final Clearances
<input type="checkbox"/> No Outstanding Fees/Equipment for Athletics
<input type="checkbox"/> Clear of Student/Class Fees
<input type="checkbox"/> Clear of Fines/Books Returned
<input type="checkbox"/> Zero Balance Account in Cafeteria
<input type="checkbox"/> Locker Clear



Cleveland High School

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