



RESERVOIR STUDENT WITHDRAWAL FORM

Student Name: _____ Grade: _____

I, _____, the custodial parent/guardian of
(parent/guardian name)

_____, wish to withdraw my child from
(student name)

Reservoir High School effective _____.
(last date of attendance)

He/she will be attending _____
(name of new school)

A public/private school in _____.
(circle) (city/state)

Parent Phone Number: _____

New Address (if known): _____

I authorize my child to pick up the completed withdrawal packet: _____

Parent Signature: _____ Date: _____

- **This form must be returned to Student Services in order for your withdrawal to be complete.**
- **All medications must be picked up from the health room and all books must be returned before withdrawal will be processed.**

For office use only:

Withdrawal code: _____

Date processed: _____

Withdrawal packet picked up: _____

Books returned: _____

Withdrawal grades submitted: _____

Medications picked up: _____