

# Jamestown High School Withdrawal/Transfer Form

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

## Withdrawal/Transfer:

Period	Class	Grade to date	Book Returned	Teacher Signature
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
ADV	_____	N/A	N/A	_____

Device Asset Tag # \_\_\_\_\_

Note: All teachers must sign above to verify grades and return of textbooks. Advisory teacher must sign to verify locker is cleaned out & lock is on the locker. No records will be sent until all signatures are recorded and this form is returned to the office.

Counselor Name \_\_\_\_\_

Counselor Signature \_\_\_\_\_

## Transfer:

At the time of withdrawal/transfer student **was** OR **was not** eligible for activity/athletic participation by our school standards.

Activities Director \_\_\_\_\_

Reason for Withdrawal/Transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective Date of Withdrawal/Transfer: \_\_\_\_\_

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I agree that I am by choice dropping out of Jamestown High School. I understand that special education services are available to me if I have an identified handicap. At this time, I do not desire to complete my education at Jamestown High School; however, I also understand I may re-enroll at a later date but prior to my 21st birthday.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Principal's Signature