

# WITHDRAWAL FROM SCHOOL

GRAYLING HIGH SCHOOL  
1135 NORTH OLD US 27  
GRAYLING, MICHIGAN 49738  
989-344-3512

DATE OF WITHDRAWAL \_\_\_\_\_ UIC # \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_ SEX \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

REASON FOR WITHDRAWAL \_\_\_\_\_ DROPOUT \_\_\_\_\_ TRANSFER \_\_\_\_\_ COURT \_\_\_\_\_

NAME AND ADDRESS OF NEW SCHOOL \_\_\_\_\_

PARENTAL CONSENT \_\_\_\_\_

COUNSELOR'S SIGNATURE \_\_\_\_\_

LOCKER NUMBER \_\_\_\_\_ LOCKER COMBINATION \_\_\_\_\_ LOCKER CLEANED \_\_\_\_\_

## GRADES AT DATE OF WITHDRAWAL

CLASS	GRADE	BOOKS RETURNED	MISSING BOOK NUMBERS	TEACHER SIGNATURE

OVERDUE LIBRARY BOOK FINES \_\_\_\_\_ COPY FEES OWED \_\_\_\_\_

LIBRARY BOOKS NOT RETURNED \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

OUTSTANDING BILLS \_\_\_\_\_

TOTAL OWED \_\_\_\_\_

