

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 S	school:		
New School Information (Complete all av	vailable information)				
` .	,			Director Delivious	
School Name				☐ Private Religious	□ DOD Scuooi
Street Address					
City	_ State	Zip	Phone Number:		
STUDENT'S INFORMATION					
Last Name:			First Name:		
APS Student ID:	Grade	_ Current APS S	chool:		
New School Information (Complete all av	vailable information)				
School Name	,		☐ Public ☐ Private Non-Religious	□ Private Religious	□ DOD School
				□ I fivate iteligious	□ DOD Ochool
Street Address					
City	State	∠ιp	Pnone Number:		
STUDENT'S INFORMATION					
Last Name:			First Name:		
APS Student ID:	Grade	_ Current APS S	school:		
New School Information (Complete all av	vailable information)				
School Name	,		□ Public □ Private Non Poligique	□ Privato Poligious	□ DOD School
				□ Filvate Religious	□ DOD SCHOOL
Street Address					
City	_ State	∠lp	Pnone Number:		
REASON FOR WITHDRAWAL:					
WITHDRAWAL DATE: List the student's li	ast day of attendanc	e			
NEW HOME ADDRESS (If moving)					
Street Address					
City			State	Zip	
INFORMATION OF PARENT/LEGAL GUA My typed name serves as my signature.	ARDIAN REQUESTII	NG WITHDRAWAI	L		
Parent/Legal Guardian Name		Signature		Date	
Phone Number		Email Address	3		
To Be Completed by APS Staff Processing Withdrawal					
APS Staff Name		Signature		Date	