**YAMHILL CARLTON HIGH SCHOOL WITHDRAWAL FORM**

275 N Maple St.

Yamhill, OR 97148

Phone: 503-852-7600

Fax: 503-852-7644

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Day of Attendance\_\_\_\_\_\_\_\_\_\_\_**

**Current Grade \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Forwarding Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Unit Number/PO Box

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City State Zip Code

**Reason for Withdrawal** (please check one):

Home School Absent 10 consecutive school days

Transfer to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GED Program

School City and State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check Out**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Class/Teacher** | **Grade** | **Teacher Signature** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **Adv.** |  |  |  |

Yes No Amount Owed: Signature:

Library Books Returned:

Books not returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outstanding Fees Paid:

Locker # \_\_\_\_\_\_\_\_\_

Lunch Balance: OWED \_\_\_\_\_\_\_\_\_ REFUND \_\_\_\_\_\_\_\_\_\_ (request refund from District Office)

**Return completed form to the Counseling Office.**

For Office Use Only:

\_\_\_ Transcript \_\_\_ Email to Teachers \_\_\_ Email to Office \_\_\_ Withdrawal Letter Exit Code: \_\_\_\_\_\_\_ W/D Date: \_\_\_\_\_\_