



STUDENT WITHDRAWAL FORM

Records will not be sent to your next school until this form has been completed and returned to the main office. All obligations, including financial, must be taken care of before your records are sent out.

Student Name: _____

Grade: _____ Date withdrawal is effective: _____

Reason for Withdrawal: _____

Counselor Signature: _____ Date: _____

Student has checked out with the following staff/faculty: Staff Signature:

Library - return books, pay fines if necessary _____

Tuition office – account status review _____

Main office – textbook return information _____

Assistant Principal - Locker checkout _____

Athletic Department - turn in sport uniform _____

Cafeteria - outstanding lunch fees _____

Music/Drama - uniforms/costumes/scripts _____

PERMISSION TO RELEASE RECORDS

I authorize Lansing Catholic High School to release my child's records to:

New School: _____

(Name and Complete Address)

Parent Signature: _____ Date: _____

Forwarding address (if moving) _____

Students withdrawing from Lansing Catholic High School are not allowed back on school grounds without administrative approval.