

PLYMOUTH COMMUNITY SCHOOL CORPORATION

ACKNOWLEDGEMENT/CONSENT FOR STUDENT WITHDRAWAL

NAME OF STUDENT: _____

ADDRESS:

GRADE/SCHOOL YEAR: _____ BIRTH DATE OF STUDENT: _____

DATE OF EXIT INTERVIEW: _____

PARENT: _____

ADDRESS:

TELEPHONE _____

STUDENT ACKNOWLEDGEMENT

I, _____ (Student), acknowledge that I wish to withdraw from _____ (School), on _____ (Date), and understand the consequences of this action. I agree to complete all the required steps to withdraw from school prior to that date.

Date: _____ Student: _____

Date: _____ Witness: _____

PARENTAL CONSENT

I, _____, the legal custodian of this child, consent to his/her withdraw from school on _____ (Date)

and will assist _____ (Student) in completing the required steps for withdraw, including the payment of any fees or fines, prior to his/her actual withdraw.

Date: _____ Legal Custodian: _____

Date: _____ Witness: _____

DETERMINATION OF SCHOOL PRINCIPAL

I, _____ (Principal), have received the request and acknowledgement of _____ (Student's name), to withdraw from school with the consent of his/her parents. I have determined that s/he is at least sixteen (16) years of age and has provided information on alternatives to completing his/her education. Based upon the information available to be concerning the withdraw, it is my determination that this student:

_____ may **not** withdraw, and remains subject to school attendance laws.

_____ may withdraw upon verification that the required steps have been completed.

Date: _____ Principal: _____