

HAMILTON COUNTY HIGH SCHOOL

5683 US Highway 129 South, Jasper, FL 32052 Phone: 386-792-8100 Fax: 386-792-6552



Donald Harrison, M.Ed., Principal Marjorie A. Cooks, Ed.S., Assistant Principal

Transfer/Withdrawal Form

USE BLACK INK ONLY – PLEASE PRINT CLEARLY

STUDENT INFORMATION									
Last Name: Firs			First Name:		Middle N	Middle Name:			
Grade:	Gender:			Date of Birth: Aş			Age:		
Parent Name:				Phone #:		Phone #:			
Address:			Cit	ty: State:		Zip Code:			
Withdrawal Reason:				Da		Date	ate Withdrawn:		
TRANSFER/WITHDRAWAL INFORMATION									
Name of School:									
Address:			Cit	y:	State:	e: Zip Code:			
School Type (CHECK	ONE OF THE F	OLLOWING):			l .				
Florida Public School Florida Private School Adult Ed./GED									
Out of State Private School Out of State Public School Homeschool									
☐ Dropout									
If Dropout checked provide reason:									
Course Number Course			Grade	Course Number	Course Number C		ourse	Grade	
PLEASE NOTE: If the receiving school does <u>not</u> request your official records within ten (10) days of withdrawal, a Certificate of Non-Compliance will be submitted to revoke a driver's license or instructional permit for students ages 15-17.									
SIGNATURES									
Parent/Guardian Signature:				Parent/Guardian Name Printed:			Date:		
Student Signature (18 years or older only):							Date:		
Registrar Signature:							Date:		