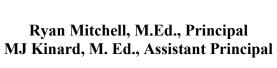
**Hamilton County High School** 5683 US Highway 129 South, Jasper, FL 32052 Phone: 386-792-8100 ~ Fax: 386-792-6594





## Transfer/Withdrawal Form

USE BLACK INK ONLY – PLEASE PRINT CLEARLY

STUDENT INFORMATION										
Last Name:		First Name:		Middle Name		lame:				
Grade:	Gender:			Date of Birth:		Age:				
Parent Name:					Phone #: P			Phone #:		
Address:				City: State:		:	Zip Code:			
Withdrawal Reason:								Date Withdrawn:		
TRANSFER/WITHDRAWAL INFORMATION										
Name of School Transferring to:										
Address:				City:		State	:	Zip Code:		
School Type (CHEO	CK ONE OF	THE FOI	LLOWING):							
Florida Public S	School		Florida Pi	rivate S	School	Adul	t Ed./GE	ED		
Out of State Private School Out of State Public School						Homeschool				
Dropout (meeting with Guidance is required, MUST complete Intent to Terminate Enrollment Form <u>and</u> Exit Interview)										
If Dropout checked provide reason:										
Course Number Course		Grade Course N		Course Number	Course		ourse	Grade		
withdrawal, a Ce	ertificate o	f Non-C			uest your official submitted to revok			, , .		
permit for studer	us ages 1.	0-1/.		ICN	TUDES					
Parent/Guardian Signature:  Parent/Guardian Name Printed:								Date:		
i archivouarulan Signature.					Tareniv Quardian Name Finied:			Date.		
Student Signature (18 years or older only):								Date:		
Registrar Signature:								Date:		