

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



Ryan Mitchell, M.Ed., Principal
MJ Kinard, M. Ed., Assistant Principal

Transfer/Withdrawal Form

USE BLACK INK ONLY – PLEASE PRINT CLEARLY

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:	
Grade:	Gender:	Date of Birth:		Age:	
Parent Name:		Phone #:		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Withdrawal Reason:				Date Withdrawn:	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 (CHECK ONE OF THE FOLLOWING):				
<input type="checkbox"/> Florida Public School	<input type="checkbox"/> Florida Private School	<input type="checkbox"/> Adult Ed./GED		
<input type="checkbox"/> Out of State Private School	<input type="checkbox"/> Out of State Public School	<input type="checkbox"/> Homeschool		
<input type="checkbox"/> Dropout (<i>meeting with Guidance is required, MUST complete Intent to Terminate Enrollment Form <u>and</u> Exit Interview</i>)				

If Dropout checked provide reason:

Course Number	Course	Grade	Course Number	Course	Grade

PLEASE NOTE: If the receiving school does **not** 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:

Relentless Pursuit of Excellence