



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:		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Withdrawal Reason:					Date Withdrawn: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: