



## Transfer/Withdrawal Form

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Withdrawal Reason:					Date Withdrawn: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:			

*To be completed by Guidance Staff*

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:
Guidance Signature:			Date: