

## DISK Student Withdrawal Form

Please complete this form and submit it to the school office. We appreciate your efforts to inform the school as soon as possible about withdrawals.

Student Name:		Date:
Date of planned withdrawal:	Final date of planned student attendance:	
Reason(s) for withdrawal:		
<b>Please enter any changes to your contact information upon withdrawal:</b>		
Address:		
Phone:	Mobile:	Email:
Date which above changes will take effect:	Signature:	

Please see the back for the "Student Withdrawal Clearance Checklist"

----- for office use only -----

Date of approved withdrawal	Principal approval	Date processed	Final date of attendance

## Student Withdrawal Clearance Checklist

This form is required for withdrawal procedures. Please complete this form and submit it to the school office **prior** to the final date of student attendance. The librarian and the teachers from all courses that the student is currently registered in must sign this form.

Student Name:	Homeroom Teacher:	Grade:
<b><i>For All DISK Students</i></b>		
Subject	Material returned	Staff Initials
Locker	Cleaned	(Homeroom Teacher)
Homeroom Cubbie	Cleaned	(Homeroom Teacher)
Library	All books returned and submitted library card to the librarian	(Librarian)
Student ID	Student ID submitted to the office	(Office Staff)
<b><i>For Secondary School Students Only</i></b>		
Subject	Materials Returned / Missing Materials	Staff Initials
Math		
Science/Physics		
Humanities/History		
English		
Japanese		
Technology		
Art		
Music		
PE		
Elective		