

Keystone High School
Withdrawal/Transfer of Students

Student Name: _____ Student ID #: _____

Date of Birth: _____ Grade: _____

Name of Parent/Guardian: _____

Signature of Student: _____

Parent/Guardian Signature: _____

Must have parent/guardian signature if under 18 years of age.

Address: _____

Reason for leaving: _____

Transferring to: _____

Date of withdrawal: _____ Parent Phone: _____

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***Please indicate both a letter grade and percentage for the current marking period. Please indicate any outstanding obligations.***

| Subject | Grade this period | Teacher's initials |
|---------|-------------------|--------------------|
|         |                   |                    |
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|         |                   |                    |
|         |                   |                    |

**\*\*Please indicate if there are any outstanding obligations and any other comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_