

Continuous Enrollment Withdrawal Form

Withdrawal request must be made by the parent/legal guardian who enrolled the student. You may fill the pdf form out online or print and fill by hand. Once completed, return via email along with any other necessary documents. All requested information below is required, including the name of the school to which the student will be transferring. Please refer to your Continuous Enrollment Contract to view the withdrawal and unenrollment policy you signed upon enrollment. You may also find the **Continuous Enrollment FAQ** helpful.

Return to Director of Enrollment Management name@school.org or FAX 000-000-0000

Parent acknowledgement: While my child was a student at The Best School, textbooks, classroom books, library books, school IDs, uniforms and other school property may have been checked out to him/her. I understand that I am responsible for returning these items or paying to have them replaced if they were lost or stolen while in my child's possession.

*Additionally, if my child owes tuition or any other fees, I will pay the balance on or before the date of withdrawal. I understand The Best School will not release my child's school records and transcript until all items are returned and all monies owed are paid.

1 Date of Request: _____
Student's Full Name: _____ Birth date: _____
Current Grade: ____ Current School Year: _____ School Year Withdrawing: __Current __Upcoming
Last day to attend classes at TBS __ May 27, 2022 __ other date _____

2 **Please Select Your Reason for Withdrawal below:**

<input type="checkbox"/> Moving more than 50 miles from school due to job	<input type="checkbox"/> Financial – describe below
<input type="checkbox"/> Academic or behavior issues at school's request	<input type="checkbox"/> Homeschooling – describe below
<input type="checkbox"/> Student's medical condition – doctor's letter attached	<input type="checkbox"/> Academic reason – describe below
<input type="checkbox"/> Death of parent, guardian, or student	<input type="checkbox"/> Athletic reason – describe below
	<input type="checkbox"/> Other reason – describe below

Briefly describe your reason: _____

3 Name of New School: _____
Full Address of New School: _____
Your New or Forwarding Address (if applicable): _____
Primary contact number: _____ Primary email: _____
Parent/Legal Guardian Printed Name: _____
Parent/Legal Guardian Signature: _____

For TBS Office Use Only:

Date Received: _____ Received By: _____

Cleared: __ ES __ MS __ HS __ Athletics __ Student Billing

Request Completed (date): _____ School Personnel Signature _____