



Student Withdrawal Form

We are sorry to see you leave our CIS family. Please know we wish you the best for your family.

Today's date: _____ Student name: _____

Rising Grade: _____ Homeroom teacher: _____

Reason for withdrawal: Please check all that apply:

_____ Relocating. If so, where: _____

_____ Enrolling closer to home _____ Expectations not met at CIS

_____ Transportation _____ Medical reasons _____ Teacher/student issues

_____ Personal _____ Homeschool _____ Curriculum

_____ Other: (Please explain)

Parent signature: _____ Date: _____

Please complete: Parent/Guardian Contact Information

Current student address: _____

New student address: _____

Best contact number of parent: _____

Office use only:

Last day of attendance: _____ Date of withdrawal: _____

Final grades entered: _____

Entered by: _____ Date: _____

Laptop leased: ___Yes ___No Laptop rental paid in full: ___Yes ___No Repairs paid: ___Yes ___No

Laptop received by: _____ Date: _____

Records sent via: ___fax ___email ___US mail Date sent: _____