

STUDENT WITHDRAWAL FORM

In accordance with BMI policy, please allow 48 hours to process withdrawals from date of submission/ notification.

Student's Name: _____ **Birth date:** _____ **Age:** _____ **Grade:** _____

Withdrawal date: _____ **Parent/Guardian Name:** _____

Telephone: _____ **E-mail:** _____

Forwarding Address (include city, state, zip): _____

Reason for Withdrawal:

- Transfer to another Texas public or charter school
- Transfer to a private or online school
- Transfer out of state
- Chosen to Homeschool

Transfer out of the USA. Name of Country: _____

Other _____

Transfer to: *(Please complete as much information as possible)*

District: _____ **School:** _____

Address, City, State, Zip: _____

Parent/Guardian Signature: _____ **Submission Date:** _____

Staff signature: _____ **Title:** _____ **Date:** _____

TEACHERS/STAFF ONLY (DURING THE SCHOOL YEAR)

Student will present this form to the person representing each area listed below. Teacher/Staff member initials indicate that all obligations have been met:

SUBJECT	TEACHER	GRADE AT W/D DATE	TEXTBOOKS RETURNED (Y/N/ NA)	TEACHER/STAFF INITIALS
Chromebook/ Power Cord Returned?				
Extended Care/ Athletics Fees Paid?				
Other Balances? (Please describe)				

Office Use Only:	
Student ID number:	
WD code:	
BMI w/d date:	
TREX release date:	

<u>NOTES:</u>
