

REGIONAL SCHOOL DISTRICT #17

57 Little City Road
P.O. Box 568
Higganum, CT 06441
www.rsd17.org

WITHDRAWAL FORM

STUDENT NAME _____ YOG _____ HR# _____

WITHDRAWAL DATE _____ COUNSELOR _____ SASID# _____

**This form must be signed by those listed below and parents/guardian.
All UFO's must be paid in full prior to withdrawal.**

TEACHER	SUBJECT	GRADES TO DATE	BOOK(S) RETURNED YES/NO	INITIALS
NAME	DEPARTMENT	PLEASE CHECK FOR:		
	Homeroom Teacher	Locker cleaned out		
	Bookkeeper	UFO's checked/fees paid		
	Athletics	Uniforms/equipment returned		
	Library/Media Ctr.	Books, etc. returned		

Transferring to: (school name, town/city, state) _____

Parent Signature: _____ Date: _____

Email: _____ Cell Phone: _____

New Address: _____

Counselor Signature: _____ Date: _____

Withdrawal Code: _____