

 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: \_\_\_\_\_ 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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LIBRARY \_\_\_\_\_

\*\*Please indicate if there are any outstanding obligations \_\_\_\_\_

\_\_\_\_\_  
Librarian Date

\_\_\_\_\_  
Principal or Assistant Principal Date

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