

STUDENT WITHDRAWAL FORM*Parent/Guardian Fill out top portion completely, sign and return to Chemawa Indian School Attn: Amanda Ward*

Effective Date: _____

Student Name: _____ Tribal Affiliation _____

Check the following if applicable: Special Education _____ Talented and Gifted _____

Parent/Guardian: _____

Travel Provided by Guardian: Travel Provided by School (suspension and holiday only): **REASON FOR WITHDRAWAL:** (Check all that apply)

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Transfer to Public School | <input type="checkbox"/> Lack of Academic Progress | <input type="checkbox"/> Homesick | <input type="checkbox"/> Health Problems |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Family Difficulties | <input type="checkbox"/> Behavioral Difficulties | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

TEACHERS: Please give a current withdrawal grade and sign.

| Subject/Class | Current Grade | Teacher Signature |
|---------------|---------------|-------------------|
| | | |
| | | |
| | | |
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| | | |

CLEARANCE SIGNATURES MUST BE OBTAINED PRIOR TO RECORDS RELEASE

STUDENT: _____

PARENT: _____

LIBRARY: _____

COUNSELOR: _____

ATHLETIC DIRECTOR: _____

TRAVEL: _____

ACADEMIC PRINCIPAL: _____

Date: _____

Records Release: (please give full name and address of the school the student will be attending)

School: _____

Attn: _____

Address: _____ City: _____ State: _____ Zip: _____

Noted: _____

Date Sent: _____