



Notice of Student Withdrawal Linden Community Schools

Student Name: _____ Expected Last Day: _____

School Currently Attending: _____ Grade: _____ Date of Birth: _____

Teacher/Counselor: _____

Other Siblings in District:

Name _____	School _____	Grade _____	Student Leaving: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name _____	School _____	Grade _____	Student Leaving: Yes <input type="checkbox"/>	No <input type="checkbox"/>

Reason for Withdrawal:

- | | |
|---|---|
| <input type="checkbox"/> Moving out of District | <input type="checkbox"/> Charter School |
| <input type="checkbox"/> School of Choice | <input type="checkbox"/> Private/Parochial School |
| <input type="checkbox"/> Homeschool | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Online School | |

Why are you leaving Linden Community Schools (ie purchased new home, career move, choosing different school district)? _____

Please rate your experience with Linden Community Schools:

Positive Neutral Negative

Suggestions for Linden Community Schools to maintain or improve:

Name of new school/district: (If unknown, please indicate city and state)

School Name _____	District _____	City, State _____	Zip Code _____
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New address for final mailings:

Parent/Guardian Name _____

Street Address _____

City, State, Zip _____

Phone _____

_____ Parent/Guardian Signature

_____ Date

OFFICE USE ONLY

If form not completed by parent/guardian please indicate how withdrawal information was obtained:

Counselor/Principal signature reporting withdrawal: _____

Date exited in Synergy: _____ Exit code: _____ Records request received (circle): YES NO

Date records sent: _____ District sent to: _____