

Duluth High School Withdrawal Request*

(*This is the required preliminary withdrawal form.)

- Please complete the information below and submit to the Counseling Office via email, fax, or in person.
- Withdrawal packet will be ready for signature and pick up the next business day.
- **ONLY** the **ENROLLING PARENT of STUDENT** (if 18 years old or older) with a government issued ID may pick up the withdrawal packet.

NOTE: THE OFFICIAL FORM REQUIRES THE ENROLLING PARENT'S SIGNATURE OR STUDENT SIGNATURE.

DHS Counseling Office Hours

Monday-Friday

6:45am-2:45pm (EST)

E-Mail: DuluthHSCounseling@gwinnett.k12.ga.us

Fax: (678) 442-5165

Parent/Guardian Name: _____ Contact Number: _____

Student Name: _____ Student Grade: _____

Student Number: _____

Student's New Address: _____

Reason for Withdrawal from this School: _____

Last Day of Attendance: _____

Next School of Attendance: _____

Next School Address: _____

To be completed by DHS personnel

Date Received: _____

Initials: _____