



# 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: \_\_\_\_\_