

WITHDRAWAL REQUEST FORM

(THIS FORM MUST BE ACCURATELY COMPLETED WHEN MAKING A REQUEST FOR WITHDRAWAL)

STUDENT NAME: _____

STUDENT D.O.B.: _____

STUDENT GRADE: _____ LAST DAY OF ATTENDANCE: _____

PLEASE TELL US WHERE IS THE STUDENT TRANSFERRING TO

(PLEASE CHECK ALL THAT APPLY)

- ANOTHER SCPS: _____
- CHOICES TRANSFER (TYPE) _____
- OUT OF COUNTY(SCHOOL NAME): _____
- OUT OF STATE (NAME): _____
- OUT OF COUNTRY (NAME): _____
- ADULT EDUCATION: _____
- ALTERNATIVE EDUCATION: _____
- PRIVATE SCHOOL: _____
- SEMINOLE COUNTY VIRTUAL SCHOOL
- SEMINOLE COUNTY HOME SCHOOL
- FLORIDA VIRTUAL SCHOOL (CONNECTIONS ACADEMY)
- OTHER: _____

PARENT/GUARDIAN INFORMATION

NAME: _____ SIGNATURE: _____

RELATIONSHIP TO STUDENT: _____ DATE: _____