

School Departure Form

Moving or withdrawing from CHS?

We are sad to see you go! We hope to help make the withdrawal/transfer process go as smoothly as possible. To begin this process please meet with your counselor and Administrator for approval. Then complete this form and turn into the Registrar in the Main Office as soon as possible. You will receive a Withdrawal/Transfer Form, which must be completed and submitted to our Registrar prior to your last day at CHS. Upon receipt of both completed forms, the Registrar can finalize the withdrawal process and provide you with a copy of your transcript and immunes to help make enrollment in your new school go more smoothly. If you have questions please contact our Registrar at 324-2474. Thank you!

Student Name:		Grac	Grade:	
Student's	Direct Administrator:			
Student's School Counselor:		Last Day @	© CHS:	
Reason fo	or Leaving CHS:			
Where yo	ou are going next:			
•	*CONTACT INFORMATION (for new	v residence if moving, cell numbe	er at minimum)*	
Parent/G	uardian Name:			
	e, Zip:			
	umber:Ad			
Parent/Guardian Signature			Date	
Student Signature			 Date	
Of	fice Use Only: Withdrawal Check	list for Student Withdrawal		
	Above portion completed by stud	dent/parent		
	Withdrawal Form completed by s	tudent		
	Check Fines/Confirm Fines on Withdraw Form are entered in PS			
	Student Drop info – logged in Pov	Student Drop info – logged in PowerSchool		
	Provide student with copy of Transcript/Immunes/Withdraw Form			
	Registrar Completes Withdrawal Process in PS			
	Send Withdrawal Info Form to Assist Sup. Office			
	File Student Cum File in Withdraw File Cabinet (w/forms included)			
	Release of Records from new school received			
	Portion of Cum File copied & filed in Withdraw File Cabinet			
	Cum File Mailed date: (Office Staff Initials)			

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