HANOVER COMMUNITY SCHOOL CORPORATION
High School Transfer/Withdrawal Form

Date: _____

Student's Name: _____ Student DOB: _____

Current School Name: _____ Grade/Teacher: _____

School Year: _____ Last day of Attendance at School: _____

Reason for transfer/withdrawal: _____

Student's new address: _____
_____
_____

Name/Address of New School: _____
_____
_____

I, _____, the legal custodian/guardian of this child, consent to the withdrawal of the student named above. I understand that I will complete the required steps for withdrawal and am responsible for the payment of any current or outstanding fines, as well as the return of any school owned books or textbooks that may be in the possession of the student. I also understand I am responsible for the payment of any negative balances to the cafeteria.

Parent signature: _____ Date: _____

Parent Contact number: _____ Parent email: _____

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