

CONSENT TO WITHDRAW**South Kitsap High School****STUDENT INFORMATION**Full Name: _____
Last First M.I.

STUDENT ID # _____ GRADE LEVEL _____

Home Phone: () _____ Effective Date _____

Reason _____

School transferring to _____

Parent Name (print) _____ Custodial Parent: Y ☐ N ☐

Parent Signature _____

OFFICE USE	INTERNAL W/D Date notified of w/d:	WALK THRU W/D Date notified of w/d:	ENTRY IN SKYWARD
	<input type="checkbox"/> <i>Notify teachers by email</i>	<input type="checkbox"/> <i>Student present/walking form around</i>	<input type="checkbox"/> Withdraw in Skyward
	<input type="checkbox"/> <i>Internal form to First Dept.</i>	<input type="checkbox"/> <i>Print Copy of form for ASB</i>	<input type="checkbox"/> Enter on count sheet
	<input type="checkbox"/> <i>All Dept. signatures complete</i>	<input type="checkbox"/> <i>Print Vaccinations & attach to copy</i>	<input type="checkbox"/> Drop current schedule
	<input type="checkbox"/> <i>Grades printed</i>	<input type="checkbox"/> <i>Packet to FILE in ASB Office</i>	<input type="checkbox"/> Drop next term schedule
	<input type="checkbox"/> <i>Vaccinations printed</i>		Date Completed:
	<input type="checkbox"/> <i>FINISHED Packet to Registrar</i>		

Please return this COMPLETED & SIGNED FORM to the GUIDANCE OFFICE AT SOUTH KITSAP HIGH SCHOOL.**This must be done PRIOR TO ENROLLMENT at another school, including DISCOVERY, EXPLORER, INSIGHT/OTHER ONLINE SCHOOLS.****Thank you!**