

WITHDRAWAL STATEMENT

I _____, Parent/Guardian of _____

request that my son/daughter be withdrawn from Poolesville High School effective

_____.

My son/daughter is leaving Poolesville High School because he/she:

_____ Will transfer to another Montgomery County Public School
School Name: _____

_____ Will attend school elsewhere: Name of School _____

Address: _____

_____ Will be employed full-time

_____ Will enter the military

_____ Will assume family responsibilities

_____ Is not interested in continuing his/her education

_____ Will be taught at home (Application approved by MCPS)

_____ Other (Specify) _____

I understand that my child needs to return all books/materials/monetary debts to the school.

Date

Parent/Guardian Signature

Parent Cell Phone Number

Please note, for students over 16 years of age leaving PHS not re-entering another school, that the withdraw will not be authorized prior to a parental meeting with an administrator