



Nantucket Public Schools

10 Surfside Road
Nantucket, MA 02554
Tel: 508-228-7283

STUDENT WITHDRAWAL FORM

Student Name: _____ **Date of Birth:** _____
Last First MI

Grade: _____ **Homeroom Teacher:** _____

Withdrawal Date: _____ **Parent/Guardian Name:** _____

Reason For Withdrawal:

- Transfer to another Public School in state Transfer to Private School Home School
- Transfer out of state Other: _____
- Absent 20 consecutive days/expected to re-enter approximate date: _____

New Home Address: _____

Name of New School: _____

Address of New School: _____

Parent/Guardian Signature Date

Teacher Signature Date

Principal Signature Date

For official use only

Staff: Please Initial to confirm notification:

Librarian: _____ Cafeteria: _____ Guidance Counselor: _____

School Nurse: _____

Return form to Front Office of School