

## Nantucket Public Schools 10 Surfside Road Nantucket, MA 02554 508-228-7285 (P) 508-325-5318 (F)

## **STUDENT WITHDRAWAL FORM**

Student Name:		Date of Birth:		
	Last	First	MI	
Grade:		Homeroom Teacher:		
Withdrawal Dat	e:	Parent/Guardian Na	me:	
Reason For Wi	thdrawal:			
☐ Transfer to anoth	ner Public School in state	☐ Transfer to Pri	vate School [	☐ Home School
☐ Transfer out of st	tate	r:		
☐ Absent 20 conse	cutive days/expected to i	re-enter approximate date:		
New Home Add	lress:			
Name of New S	chool:			
Address of Nev	v School:			
Parent/Guardian Signature				Date
Teacher Signature				Date
Р	rincipal Signature			Date
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		For official use only		
Staff: Please In	itial to confirm noti	fication:		
Librarian:	Cafeteria:	Counselor:	School I	Nurse: