

ROBERTO CLEMENTE MIDDLE SCHOOL COUNSELING SERVICES OFFICE

Ms. Nancy Britton, Counseling Secretary/Registrar
Phone: 301.601.0343 Fax: 301.601.0385

STUDENT WITHDRAWAL FORM

Please complete the following form so that we may prepare a Clearance/Withdrawal Form and a Transfer Record Card for your child. This will help to provide a smooth transition between schools. Most schools are unable to enroll a new student without this information.

Students must return all schoolbooks and pay any financial obligations to Roberto Clemente M.S. before they will be cleared.

Student's Name: _____ Grade: _____

Student's ID #: _____ Student's Date of Birth: _____

Last full day to attend Roberto Clemente MS is: _____

Reason for withdrawal: _____

Is student withdrawing because of loss of permanent housing? _____

Name of new school: _____

Address/ Location of new school: _____

Student's new address: _____

Does student receive ESOL? _____

Does student have an IEP or a 504 Plan? _____

Does student require any special health considerations? _____

Parent's name: _____ Phone: _____

Parent's signature: _____ Date: _____

Please return this form to the School Counseling Services office at Roberto Clemente Middle School a minimum of two days prior to the student's withdrawal date.