

STUDENT WITHDRAWAL / TRANSFER FORM



*West Lafayette Jr/Sr High School
1105 North Grant Street
West Lafayette, IN 47906
765-746-0400
Guidance Fax 765-746-0466*

PLEASE HAVE NEW SCHOOL REQUEST RECORDS IMMEDIATELY AFTER ENROLLING

STUDENT: _____ CURRENT GRADE LEVEL : _____

DATE OF WITHDRAWAL: _____ NEW SCHOOL START DATE: _____
(last day of attendance)

PARENT/GUARDIAN NAME: _____ CELL #: _____

FORWARDING ADDRESS: _____

REASON FOR WITHDRAWAL: _____

NAME OF NEW SCHOOL
(REQUIRED): _____

CITY & STATE OF NEW SCHOOL: _____

Parent/Guardian Signature: _____ Date: _____

WL STAFF ONLY:

TEXT BOOKS RETURNED? Yes No ADMINISTRATOR/
STAFF RECEIVING ITEMS: _____

LAPTOP/CHARGER RETURNED? Yes No

LIBRARY BOOKS RETURNED? Yes No

EXIT INTERVIEW COMPLETED (when applicable)? Yes No

WL Registrar/Administrator Signature: _____

Date: _____