TV I	
E.	TRI-VILLAGE LOCAL SCHOOLS
	DENT WITHDRAWAL-TRANSFER FORM
	Parent Intent to Withdraw

Date of Withdrawal/Transfer:		Current Grade:			
Name of Student:	Last	First		Middle	
Present Address:					
City:	Zi	ip:	Phone:		
School Transfer School Address: School Phone #_ Forwarding Add City: Parent/Guardian	Student will reside v e must send TVLSD a	State: vith: <i>request for records</i> .	Zip: The withdrawal v		

Comments: _____

*Please note that Board Policy to release Jr. High and High School grades states that all student fees must be paid before they can be released (this also includes cafeteria fees, library books and text books).

**An official transcript and other pertinent personal data may be obtained upon written request, only if student fees are paid for in full.

Signature of Parent/Guardian

Date

Signature of School Official

Date