

**ROCKY HILL HIGH SCHOOL**  
**Rocky Hill, Connecticut**

**WITHDRAWAL FORM**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Locker #: \_\_\_\_\_ Combo: \_\_\_\_\_ SSAID #: \_\_\_\_\_

**PARENTAL AUTHORIZATION**

I hereby request the withdrawal of the above named student from Rocky Hill High School effective \_\_\_\_\_.  
The reason for this action is:

\_\_\_\_\_ Withdrawal from school (over the age of 17)

\_\_\_\_\_ Transfer to another school (Name and Address of School)

\_\_\_\_\_  
\_\_\_\_\_

Please send the following records to the school noted above:

\_\_\_\_\_ Cumulative Record (Demographic information, report cards, test scores, suspension reports)

\_\_\_\_\_ Health Record

\_\_\_\_\_ Confidential Records for Special Education (Planning & Placement Team Meetings (PPT),  
Individualized Education Plans (IEP), Psychological and Educational Evaluations, Psychiatric  
Consultations and all other Assessments).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHER AUTHORIZATION**

When all books and educational materials have been returned, and indebtedness cleared, the above named student will be withdrawn from the school. By signing, each teacher shows clearance of the student.

Courses/Assigned Areas	Teacher Signatures	Grade (as of withdrawal)

Chromebook returned? \_\_\_\_\_ Library/Media Signature.

Is student indebted? \_\_\_\_\_ YES \_\_\_\_\_ NO (Call Main Office to Verify)

When completed, this form is to be returned to the Guidance Office. Thank you!

Counselor: \_\_\_\_\_ Principal: \_\_\_\_\_ Clearance Date: \_\_\_\_\_