5300 Student Enrollment, Attendance, and Records

5303-F-2 Student Withdrawal Form

Adrian Public Schools
Student Withdrawal Form

Name: _____ _____ _____
First Middle Last

DOB: _____ Last Attendance Date: _____

School Currently Attending: _____ Student Grade:_____

Forwarding Home Address:

_____
Street Address

_____ _____ _____
City State Zip Code

Reason for Withdrawal: _____

_____

_____

New School Name: _____

New School Address:

_____
Street Address

_____ _____ _____
City State Zip Code

New School Phone: _____ New School Fax:_____

Subject to limited exceptions, Michigan law requires compulsory school attendance for children ages 6 through 18. I certify that my child will be re-enrolled in school in accordance with Michigan law following the withdrawal from Adrian Public Schools.

_____ _____
Parent/Guardian Signature Date

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