



Student Withdrawal Form

School Name

Student Last Name

First Name

ID#

Last Date Attended

Signature

Reason for Withdrawal:

(07) Dropped Out of School

(08) Public School in Michigan

Name of School (if known)

(09) Moved Out of State

(10) Expelled from District

(11) Enlisted in Military or Job Corps

(14) Enrolled in Home School

(15) Enrolled in Non-Public School

Other: _____

Name of School (if known)

Authorization: