NOTIFICATION OF WITHDRAWAL

STUDENT DATA

STUDENT NAME_____STUDENT #_____

STREET ADDRESS_____

CITY_____STATE_____

PHONE_____

PUBLIC SCHOOL DISTRICT_____

PARISH_____

DATE OF WITHDRAWAL_____

_____Academic Difficulties
_____Disciplinary Difficulties
_____Financial Reasons
_____Change of Residence

_____Employment
_____Other (explain)
_____
_____

TRANSFER to:

School_____

Address_____

City_____State_____Zip_____

Parental release:

As a parent or legal guardian of the above named student, I hereby withdraw him/her from Cardinal O'Hara High School.
If a transfer to another school is indicated, I hereby authorize Cardinal O'Hara High School to release all academic transcripts and health records to that school. I understand that no records are released until all financial obligations to Cardinal O'Hara High School have been met.

Date_____Signed_____

School Release:

I hereby approve the withdrawal of the above named student from Cardinal O'Hara High School.

Date_____Signed_____

1701 S. Sproul Road Springfield, PA 19064 610.544.3800 www.cohs.com