

NOTIFICATION OF WITHDRAWAL

STUDENT DATA

STUDENT NAME		STUDENT #	
STREET ADDRESS			
CITY	STATE		
PHONE			
PUBLIC SCHOOL DISTRICT_			
PARISH			
DATE OF WITHDRAWAL			
Academic Difficulties Disciplinary Difficulti Financial Reasons Change of Residence	es	Employment Other (explain)	
TRANSFER to:			
School			
Address			
City	State	Zip	
Parental release:			
School. If a transfer to another school i	s indicated, I hereby autho h records to that school. I	t, I hereby withdraw him/her from Ca orize Cardinal O'Hara High School to r understand that no records are relea been met.	elease all
Date	Signed		
School Release:			
I hereby approve the withdraw	al of the above named stu	dent from Cardinal O'Hara High Schoo	ol.
Date	Signed		

