

Withdrawal Form	
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## **Submission Options**Teacher of Record

Complete this form if you intend to withdraw your student from Totem Correspondence.

	Student Name	Student Grade	Effective Date
Reason for W	Vithdrawal		
<b>School Trans</b>	ferring to		
			1
			70
Parent/Guaro	dian/Adult Student Signature		Date
A typed signature	qualifies as official.		
For District Use	Only		
In person			
Phone Email/Mail			
Administrative	<b>Totem Approved Signature</b>		Date
A typed signature	qualifies as official		Date

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