TOTEM correspondence

Withdrawal Form

School Year

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 Withdrawal

School Transferring to

Parent/Guardian/Adult Student Signature	**Date**

A typed signature qualifies as official.

For District Use Only

In person Phone Email/Mail Administrative		
	Totem Approved Signature	**Date**

A typed signature qualifies as official.