Student Notice of Withdrawal and Release

2200 Williams Blvd. Richland, WA 99354 509-946-0602 Fax: 509-943-5623

Student Name: _____

Grade: _____ Teacher: _____ Effective Date of Withdrawal: _____

Reason for Transfer: _____

_____

Forwarding Address:

Street: _____

City: _____ State: _____ Zipcode: _____ New Telephone #: ( ) _____-_____

Parent Signature: _____ Date: _____

- Complete school records cannot be released until all books and borrowed materials, including library materials, have been returned and all tuition and fees are paid.
- LCS will transfer student records of qualifying students upon receipt of written request from the new school.

To be fillled out by LCS office

Cumulative File check:

Intervention plan _____ Final Transcript:_____

Missing Book Titles:	Book returned Damaged - % of damage	Fines	Balance Due	Credit

# of Days attended/ remaining	X Daily Rate	Sub Total			
			Lunch		
			Extended Care		
Tuition Due	Tuition Paid	Credit/Due	Sports		
			Other		
			Tuition		

Notes:

_____ _____/_____/_____

Administrator Signature Date