



# 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 filled 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	
					Sports	
					Other	
					Tuition	

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Administrator Signature                      Date