



Withdrawal Form 2016-2017

Student Name _____

Student Grade _____ Withdrawal Date: _____

If your family is moving please provide a forwarding address and telephone number:

Address: _____ Phone: _____

iPad, Charger & Case Returned in Good Condition: Yes _____ No _____

Books Returned:

Class	Book Returned	Grade at Withdrawal	Teacher's initials

All text books and iPads must be returned before we are able to transfer records.

Student records will be transferred to your child's new school once we have received a record request from the school they will be attending. ***Please note, according to state regulations, students who are not enrolled at a new school within ten days will be referred to truancy court.**

Please indicate the School your student will be attending.

Name of School: _____ Phone: _____

School Address: _____

I am withdrawing my student(s) from Beehive Science & Technology Academy. My student will not be returning to Beehive Academy for the 2014-2015 school year.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date: _____

Parent email (remove from mailing list) _____

*We wish you a successful transition to your new school.
Beehive Science & Technology Academy*

Office Use Only	
Withdrawn for CoolSIS	_____
Withdrawn from SIS	_____
iPad Deposit Refund Requested	_____