

Joel Barlow High School

Serving the Towns of Easton and Redding, Connecticut
Dedicated to Academic Excellence and Moral Leadership

Thomas H. McMorran
Assistant Superintendent/Head of School

Gina M. Pin
Assistant Principal

Michael Santangeli, Administrator
Athletics, Health and Physical Education

Anne S. Kipp
Assistant Principal

STUDENT WITHDRAWAL FORM

Date: _____
Name: _____ M/F _____ Age: _____ Birth date: _____ Grade: _____
Reason for leaving: _____
New Address: _____
New School: _____
School Address: _____

Course	Book/Mat'l's Returned	Grade to Date	Teacher Signature

Counselor: _____ Nurse: _____ Media Center: _____
Fines _____

To Parent/Guardian: The above-named student has notified us of his/her intent to withdraw from Joel Barlow High School. Please sign below if you authorize this withdrawal.

Parent signature: _____ Date: _____
Counselor: _____ Date: _____

List other means of verification: _____
STUDENT: Return this to your counselor or the guidance secretary.

NOTE: Transcripts will not be sent to any school or employer until all financial obligations have been met in full.

Request for Records Date: _____ Follow-up Date: _____