

Joel Barlow High School

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

Thomas H. McMorran, Ed.D.
Assistant Superintendent, Head of School

Gina M. Pin
Assistant Principal

Michael Santangeli, Administrator
Athletics, Health and Physical Education

Mary Ann Sheehy
Assistant Principal

STUDENT WITHDRAWAL FORM

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

Course	Book/Matl'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: _____