

# STUDENT WITHDRAWAL FORM

Turtle Mountain Community High School

PO Box 440

1350 Braves Boulevard

Belcourt, ND 58316

701-477-6471

Student Name:

Grade:

Date of Birth:

Age:

Last Date Attended:

Reason for withdrawal:

Signature:

Parent/Guardian Name or Student (if 18 years old):

Parent/Guardian or Student Signature:

New Address of family or student:

PO BOX/STREET:

CITY:

STATE:

ZIP:

New School Address:

PO BOX/STREET:

CITY:

STATE:

ZIP:

Signature:

TMCHS Contact Person Name/Title:

Please check for routing of copies:

Parent

School