



MAPLE VALLEY PUBLIC HIGH SCHOOL



WITHDRAWL/TRANSFER FORM

207 Broadway St.
Tower City, ND 58071
(701) 749-2570

Student Name: _____ Grade: _____ D.O.B. _____

Student #: _____ Last Date of Attendance: _____

Going to: _____

Cumulative GPA: _____ Total Credits Earned: _____

All steps below must be followed in order to process the withdrawal and forward records.

- I am aware that my child is withdrawing from school. _____
Parent/Guardian Signature _____ Date _____
- I have/have not discussed this with the student. _____
- Return books to teachers. _____
Counselor Signature _____ Date _____

Subject	Withdrawal			Teacher's Initials	Unreturned Books	Fees/Fines Owed
	Grade	%	Grade Sheet			

- Laptop Returned _____ Yes _____ No _____
- Library Material Returned.
Librarian Signature: _____ Date: _____ Amount Owed: _____
- Principal Signature: _____ Date: _____
- Return completed form to the Counseling Office.