

**Student Withdrawal Information
Registration Office**

Student's Name _____ Grade _____ School _____

Parent's/Guardian's Name _____ Phone Number _____

Does your student currently have: IEP 504-Plan

Reason for Withdrawal:

- Moving to another public school in Illinois
- Moving to a public school in another state
- Enrolling child in private school
- Other _____

Name of New District / School _____ City and State _____

Are other students in your family being withdrawn? No Yes (Please complete a separate form for EACH student.)

Send refund (if applicable) to: Name: _____

Address: _____

Parent / Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

OFFICE USE ONLY

PS ___ ACC ___

Last Day of Attendance _____ Student ID# _____ Family ID# _____

	Account #	Refund	Owe	Initials/Date
Registration Fee	_____	_____	_____	_____
Food Services	_____	_____	_____	_____
Lost/Damaged Textbooks	_____	_____	_____	_____
Media Center	_____	_____	_____	_____
Technology	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
TOTAL		=====	=====	

Refund **OR** Billing Sent for \$ _____ By _____ on _____

1. Scan to studentupdate@district158.org
2. Original form filed in Student Permanent File

* Registration will forward a copy of withdrawal form to Food Services, Fiscal Office, Technology Office and Transportation.

Please email withdrawal form adjustments to the Fiscal Office being sure to include: student name, student ID#, parent name, reason for adjustment and dollar amount.

NO COPIES NEED TO BE SENT TO ANY DEPARTMENT