



## WITHDRAWAL FORM

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

New Address: \_\_\_\_\_

New Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Withdrawal Date (last day of attendance in the Hamilton School District): \_\_\_\_\_

### Reason for leaving the Hamilton School District:

**Transferred to a public school in Wisconsin**

New School Name: \_\_\_\_\_

New School Address: \_\_\_\_\_

New School Phone #: \_\_\_\_\_

**Transferred to a private school in Wisconsin**

New School Name: \_\_\_\_\_

New School Address: \_\_\_\_\_

New School Phone #: \_\_\_\_\_

**Transferred to a school out-of-state**

New School Name: \_\_\_\_\_

New School Address: \_\_\_\_\_

New School Phone #: \_\_\_\_\_

**Home-based Education\*\***

Parent Signature: \_\_\_\_\_

Adult Student Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please complete the "Intent to Enroll in Home-Based Education Program form ([Intent to Enroll in Home-Based Education Program](#))**