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## OFFICIAL SCHOOL WITHDRAWAL FORM

### New Hanover County Schools

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State/Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

Last grade level completed: \_\_\_\_\_ Last school attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City/State/Zip

Last date of school attendance: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

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Signature of Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Graduation Coach \_\_\_\_\_ Date \_\_\_\_\_