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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: _____

Signature of Superintendent/Designee Date

Signature of Graduation Coach Date