

CAPE FEAR
COMMUNITY
COLLEGE



411 North Front Street | Wilmington, North Carolina 28401-3993
Phone (910) 362.7290 or (910) 362.7183
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OFFICIAL SCHOOL WITHDRAWAL FORM

Name: _____ SSN: _____

Address: _____
Street City/State/Zip Code

Date of Birth: _____ Age: _____

Telephone: _____ Email: _____

Last grade completed: _____ Last School Attended: _____

School Address: _____
Street City/State/Zip Code

Last Date of School Attendance: _____ Date of Referral: _____

Reason for Withdrawal: _____

Signature of Chief Officer for Student Learning & Accountability/Designee **Date**

Signature of Principal **Date**

Signature of Counselor **Date**

Student Signature **Date**

Parent Signature **Date**