

## WITHDRAWAL NOTIFICATION FORM

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This notice serves to inform CISP that \_\_\_\_\_ will be withdrawing from CISP.  
*Name of student*

Grade level: \_\_\_\_\_ His/her last day of school attendance will be: \_\_\_\_\_  
*Day.Month.Year*

Reason for Withdrawal:

Name and Address of Receiving School (school to which the student is transferring). Please note that *CISP cannot release records if this section is left blank.*:

Student's forwarding address, phone number and email (Student's new address):

Please prepare a copy of their most recent:

- report card (Grades 1-8) **OR**
- transcript (Grades 9-12) by the date above.

By signing below I authorize CISP to release my student's school records to the receiving school named above.

\_\_\_\_\_  
Parent's name (please print)

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date