



WITHDRAWAL NOTIFICATION FORM

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):

To request copies of your student's report card (grades 1-8) and/or transcript (grades 9-12 only), please complete the [Academic Records Request](#) found on the school website under, *Parent Links*→ *Document Requests*→ *Academic Record Request*.

Please note: for students withdrawing at the end of a semester or school year, there is a minimum two week delay in preparing official records. These records cannot be provided until grades have posted and final report cards have been sent home by the Administration.

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