Arundel High School

1001 Annapolis Road Gambrills, MD 21054 Guidance Line: 410-672-4921

Main line: 410-674-6500

Fax: 410-674-3889

NOTICE OF STUDENT WITHDRAW/TRANSFER

| Student Name: | | Grade: |
|----------------------------|----------------------|------------------------------------|
| I, | | Parent/Guardian give permission to |
| transfer/withdraw | the above student fr | rom Arundel High School. |
| LAST DAY OF ATTE | NDANCE: | |
| New School I | nformation: | |
| Please check one: | Public | Private |
| Name of School: | | |
| | | |
| | | |
| | | |
| Parent/Guardian Signature: | | Date: |
| | (Once form is fille | ed out and submitted) |
| ***PAP | ER WORK CAN TAK | E 2 or 3 DAYS to COMPLETE*** |
| For office use only: | | |
| Transfer Code: | Withdraw Date: | |