



# DOVER-SHERBORN HIGH SCHOOL

## STUDENT WITHDRAWAL FORM

Prior to withdrawing/transferring from Dover-Sherborn High School, please complete the following in this order:

- Obtain parent/guardian signature, indicating confirmation of withdrawal/transfer.
- Make an appointment with your counselor to review exit procedures and obtain assistance with any last minute details.
- Return all school property, pay all fees and receive funds.
- Obtain signatures from all your teachers indicating clearance from their class. Please see each teacher during your regular class period. If this is not possible, please consult with your counselor to make alternate arrangements to meet with your teachers.
- Obtain Librarian's signature.
- Obtain Athletic Director's signature.
- Obtain School Nurse's signature.
- Obtain Headmaster's signature.
- **When this form has been fully completed, please sign it and return it to your counselor.**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DS Locker # \_\_\_\_\_  
Years Mos Mo Day Year

Date of Leaving: \_\_\_\_\_  
 Transferred – In state public  
 Transferred – In state private  
 Transferred – Out-of-State (public or private)  
 Transferred – Home-school

New Address: \_\_\_\_\_  
Number Street Town/City State Zip Country

School Transferring To: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Town/City State Zip Country

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**(OVER)**

**Teacher Signatures:**

	(Per Subject):		
<u>Teacher</u>	<u>Grade to Date</u>	<u>Textbook Return</u>	<u>Teacher Signature</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

• Librarian Amount owed \_\_\_\_\_ Refund \_\_\_\_\_ Signature: \_\_\_\_\_

• Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• Headmaster Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health records were given to student/parent/guardian      yes      no  
Student/parent/guardian initials: \_\_\_\_\_

COMMENT: \_\_\_\_\_  
\_\_\_\_\_

Medication was returned to student/parent/guardian      yes      no  
Student/parent/guardian initials: \_\_\_\_\_

COMMENT: \_\_\_\_\_  
\_\_\_\_\_

• **Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_