



STUDENT WITHDRAWAL FORM

PLEASE COMPLETE ALL SECTIONS.

Student Information:

Student Name: _____ Grade: _____ Teacher: _____

The signature at the bottom of this form serves as official notification to the City of Cape Coral that the seat reserved for the above named student and grade is

DECLINED

by the parent or legal guardian.

I **DECLINE** the seat currently assigned to the above named student at:

Oasis North (4151) Oasis South (4143) Oasis Middle (4171) Oasis High (4181)

Withdrawal Information: I am withdrawing my student for the following reason:

- I am transferring my student to another school in the Lee County School District
- I am transferring my student to another Florida school outside of Lee County
- I am transferring my student to a public school in another state (not Florida)
- I am transferring my student to a private school
- I am withdrawing my student and have registered him/her with school choice as a home school student

Transfer Information: The following information pertains to your student's NEW school.

School Name _____

City _____ State _____

Public Private Charter Home School

Parent Verification: (required)

My child's last day IN CLASS will be _____

Date: _____ Signature of Parent or Guardian _____

| FOR OFFICE USE ONLY: | | | | | | |
|----------------------|-----------------|-------|-----------|---------------|-------|-----------|
| FID # | School database | Date: | Initials: | LCD Mainframe | Date: | Initials: |
| Records sent: | To: | | | By: | | |